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| Fill in this information to identify your case: |                               |
|---|-------------------------------|
| United States Bankruptcy Court for the:         |                               |
| Northern District of: Illinois (State)          |                               |
| Case number (if known)                          | Chapter you are filing under: |
|   | Chapter 7 Chapter 11          |
|   | Chapter 12 Chapter 13         |

### Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pá | art 1: Identify Yourself  |                            |   |
|----|---|----------------------------|---|
|    |   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name  | Melissa                    |   |
|    | Write the name that is on   | First name                 | First name                                    |
|    | your government-issued picture identification (for example, your driver's | Middle name  Evans         | Middle name                                   |
|    | license or passport   | Last name                  | Last name                                     |
|    | Bring your picture identification to your meeting with the trustee.       | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. | All other names you   |                            |   |
|    | have used in the last<br>8 years  | First name                 | First name                                    |
|    | Include your married or   | Middle name                | Middle name                                   |
|    | maiden names.   | Last name                  | Last name                                     |
|    |   | First name                 | First name                                    |
|    |   | Middle name                | Middle name                                   |
|    |   | Last name                  | Last name                                     |
| 3. | Only the last 4 digits of your Social                                     | XXX - XX- 0679             | xxx - xx                                      |
|    | Security number or federal Individual                                     | OR                         | OR  |
|    | Taxpayer Identification number (ITIN)                                     | 9 xx - xx-                 | 9 xx - xx-                                    |

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| D  | ebtor 1 Melissa<br>First Name                          | Evans  Middle Name  Last Name  | Case number (if known)   |
|----|--|--|--|
|    |  |  |  |
|    |  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):  |
| 4. | Any business names and Employer                        | I have not used any business names or EINs.  | I have not used any business names or EINs.  |
|    | Identification Numbers (EIN) you have used in the last | Business name  | Business name  |
|    | 8 years  | Business name  | Business name  |
|    | Include trade names and doing business as names        | EIN  | EIN  |
|    |  | EIN  | EIN  |
| 5. | Where you live   |  | If Debtor 2 lives at a different address:  |
|    |  | 1147 N. Lawler  Number Street  APT 2   | Number Street  |
|    |  |  |  |
|    |  | Chicago Illinois 60651 City State Zip Code   | City State Zip Code  |
|    |  | ony chaic zip code   | State Zip code   |
|    |  | Cook<br>County   | County   |
|    |  | If your mailing address is different from the one  | If Debtor 2's mailing address is different from yours,   |
|    |  | above, fill it in here. Note that the court will send any notices to you at this mailing address.                    | fill it in here. Note that the court will send any notices to this mailing address.                                  |
|    |  |  |  |
|    |  | Number Street  | Number Street  |
|    |  | City State Zip Code  | City State Zip Code  |
| _  |  | Oity State Zip Gode  | Oity State Zip Gode  |
| 6. | Why you are choosing this district                     | Check one:   | Check one:   |
|    | to file for bankruptcy                                 | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
|    |  | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)   | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)   |
|    |  | ·  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |

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| De  | ebtor 1 Melissa   | Evans Case number   | er (if known)  |
|-----|---|---|--|
|     | First Name  | Middle Name Last Name   |  |
| Pa  | rt 2: Tell the Court Abo  | out Your Bankruptcy Case  |  |
| 7.  | The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under  | Check one. (For a brief description of each, see Notice Required by 11 Bankruptcy (Form B2010)). Also, go to the top of page 1 and check the  Chapter 7  Chapter 11  Chapter 12  Chapter 13   |  |
| 8.  | How you will pay the fee  | <ul> <li>I will pay the entire fee when I file my petition. Please check more details about how you may pay. Typically, if you are payin cashier's check, or money order If your attorney is submitting may pay with a credit card or check with a pre-printed address.</li> <li>I need to pay the fee in installments. If you choose this option Individuals to Pay Your Filing Fee in Installments (Official Form I request that my fee be waived (You may request this option judge may, but is not required to, waive your fee, and may do so the official poverty line that applies to your family size and you you choose this option, you must fill out the Application to Har Form 103B) and file it with your petition.</li> </ul> | ng the fee yourself, you may pay with cash, g your payment on your behalf, your attorney on, sign and attach the <i>Application for</i> in 103A).  In only if you are filing for Chapter 7. By law, a so only if your income is less than 150% of a are unable to pay the fee in installments). If |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | No.  Yes. District    Northern District of Illinois   When   9/10/201   MM / DD / N   | YYYY   |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ✓ No.  ✓ Yes. Debtor  District  Debtor  District  When  MM / DD / Yes.  When  MM / DD / Yes.  | Relationship to you  Case number, if known   |
| 11. | Do you rent your residence?   | <ul> <li>No. Go to line 12.</li> <li>✓ Yes. Has your landlord obtained an eviction judgment against you at No. Go to line 12.</li> <li>✓ Yes. Fill out <i>Initial Statement About an Eviction Judgment A</i> this bankruptcy petition.</li> </ul>   |  |

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Debtor 1 Melissa Evans \_\_ Case number (if known) Middle Name First Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. **|** For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have **V** No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 Melissa Evans Case number (if known)
First Name Middle Name Last Name

| Part 5: Exp                                       | lain Your Effo  | rts to Receive a Brie   | fing About Credit Counseling   |                                   |  |   |                                 |
|---|---|---|--|-----------------------------------|--|---|---------------------------------|
|   |   | About Debtor 1:   |  | About Deb                         | otor 2 (Sp                                       | oouse Only in a Joint Cas   | e):                             |
| 15. Tell the o                                    | court   | You must check one:   |  | You must cl                       | heck one:  |   |                                 |
| whether<br>received<br>about cr<br>counseli       | edit  | counseling agen   | ing from an approved credit<br>ncy within the 180 days before I<br>ptcy petition, and I received a<br>npletion.  | counse<br>filed thi               | ling ager<br>is bankru                           | ing from an approved cred<br>ncy within the 180 days bein<br>ptcy petition, and I receive<br>apletion.  | fore I                          |
|   | equires that<br>ve a briefing                               |   | he certificate and the payment plan, veloped with the agency.  |                                   |  | he certificate and the payme veloped with the agency.   | nt plan,                        |
| about cre<br>counseling<br>file for ba<br>You mus | edit<br>ng before you<br>ankruptcy.<br>t truthfully         | counseling agen   | ing from an approved credit<br>ncy within the 180 days before I<br>ptcy petition, but I do not have a<br>npletion.   | counse<br>filed thi               | ling ager<br>is bankru                           | ing from an approved cred<br>ncy within the 180 days be<br>ptcy petition, but I do not<br>npletion.   | fore I                          |
| you cann  | e of the<br>choices. If<br>ot do so, you<br>igible to file. |   | er you file this bankruptcy petition, opy of the certificate and payment   |                                   | ST file a c                                      | er you file this bankruptcy pe<br>opy of the certificate and pay  |                                 |
| If you file<br>court car<br>case, you             | anyway, the<br>dismiss your<br>will lose<br>filing fee you  | from an approve obtain those ser made my reques                   | ked for credit counseling services<br>ed agency, but was unable to<br>vices during the 7 days after I<br>st, and exigent circumstances<br>emporary waiver of the                 | from an<br>obtain t<br>made n     | n approve<br>those sen<br>ny reques<br>30-day te | ked for credit counseling sed agency, but was unable vices during the 7 days after, and exigent circumstancemporary waiver of the                         | to<br>ter I                     |
| creditors   | can begin<br>n activities                                   | requirement, attac<br>efforts you made t<br>unable to obtain it   | ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you were before you filed for bankruptcy, and umstances required you to file this     | requirer<br>efforts y<br>unable t | ment, atta<br>ou made<br>to obtain i             | ay temporary waiver of the ch a separate sheet explainir to obtain the briefing, why yo the before you filed for bankrupumstances required you to file    | u were<br>otcy, and             |
|   |   |   | e dismissed if the court is dissatisfied for not receiving a briefing before ruptcy.   | with you                          |  | e dismissed if the court is diss<br>for not receiving a briefing b<br>ruptcy.   |                                 |
|   |   | receive a briefing<br>must file a certifica<br>with a copy of the | fied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along payment plan you developed, if any. o, your case may be dismissed. | receive<br>must file<br>with a co | a briefing<br>a certification                    | fied with your reasons, you n<br>within 30 days after you file. ate from the approved agend<br>payment plan you develope<br>o, your case may be dismisse  | You<br>cy, along<br>ed, if any. |
|   |   |   | he 30-day deadline is granted only mited to a maximum of 15 days.  |                                   |  | he 30-day deadline is grante<br>mited to a maximum of 15 da   |                                 |
|   |   | I am not required counseling beca                                 | d to receive a briefing about credit<br>ause of:   |                                   | t require  | d to receive a briefing abou<br>ause of:  | ıt credit                       |
|   |   | Incapacity.   | I have a mental illness or a mental<br>deficiency that makes me<br>incapable of realizing or making<br>rational decisions about finances.  | Inca                              | apacity.   | I have a mental illness or a<br>deficiency that makes me<br>incapable of realizing or ma<br>rational decisions about fina                                 | aking                           |
|   |   | Disability.   | My physical disability causes me to<br>be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I<br>reasonably tried to do so.     | ☐ Disa                            | ability.   | My physical disability cause<br>be unable to participate in<br>briefing in person, by phon-<br>through the internet, even a<br>reasonably tried to do so. | a<br>e, or                      |
|   |   | Active duty.  | I am currently on active military duty in a military combat zone.  | Acti                              | ive duty.  | I am currently on active mili<br>duty in a military combat zo   |                                 |
|   |   | about credit coun   | are not required to receive a briefing seling, you must file a motion for ounseling with the court.  | about ci                          | redit cour                                       | are not required to receive a<br>seling, you must file a motion<br>ounseling with the court.  |                                 |

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Debtor 1 Melissa Evans Case number (if known) Middle Name First Name Last Name Part 6: **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as 16. What kind of debts do incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded No. and administrative expenses are paid that Yes. funds will be available for distribution to unsecured creditors? **7** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 50-99 5,001-10,000 50,001-100,000 do you estimate that 100-199 10,001-25,000 More than 100,000 you owe? 200-999 \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion to be worth? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your liabilities to be? \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Sign Below Part 7: I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X X /s/ Melissa Evans Signature of Debtor 1 Signature of Debtor 2 Executed on \_ 11/3/2017 Executed on MM / DD / YYYY MM / DD / YYYY

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| Debtor 1 Melissa                                 |                            | Evans                   | Case number (if           | known)  |
|--|----------------------------|-------------------------|---------------------------|---|
| First Name                                       | Middle Name                | Last Name               |                           |   |
| For your attorney, if you are represented by one | eligibility to proceed und | ler Chapter 7, 11, 12,  | or 13 of title 11, Unite  | nave informed the debtor(s) about<br>d States Code, and have explained the<br>also certify that I have delivered to the |
| If you are not                                   | debtor(s) the notice requ  | ired by 11 U.S.C. § 34  | 12(b) and, in a case in v | which § 707(b)(4)(D) applies, certify that I  |
| represented by an                                | have no knowledge after    | an inquiry that the inf | formation in the sched    | lules filed with the petition is incorrect.   |
| attorney, you do not                             | · ·                        | ' '                     |                           | ,   |
| need to file this page.                          | /s/ Pellumb Hoxha          |                         | Date                      | 11/3/2017   |
|  | Signature of Attorney for  | or Debtor               | M                         | IM / DD / YYYY  |
|  | . <b>.</b>                 |                         |                           |   |
|  |                            |                         |                           |   |
|  | Pellumb Hoxha              |                         |                           |   |
|  | Printed name               |                         |                           |   |
|  | Semrad Law Firm            |                         |                           |   |
|  | Firm name                  |                         |                           |   |
|  | 11101 S. Western Ave       | nue                     |                           |   |
|  | Street                     |                         |                           |   |
|  |                            |                         |                           |   |
|  |                            |                         |                           |   |
|  | Chicago                    |                         | Illinois                  | 60643   |
|  | City                       |                         | State                     | Zip Code  |
|  |                            |                         |                           |   |
|  | Contact phone              |                         | Email address             | phoxha@semradlaw.com  |
|  |                            |                         |                           |   |
|  |                            |                         | · -                       |   |
|  | Bar number                 |                         | State                     |   |

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| Fill in this infor        | mation to identify your ca | ase:        |                      |
|---------------------------|----------------------------|-------------|----------------------|
| Debtor 1                  | Melissa                    |             | Evans                |
|                           | First Name                 | Middle Name | Last Name            |
| Debtor 2                  |                            |             |                      |
| (Spouse, if filing)       | First Name                 | Middle Name | Last Name            |
| United States E           | Bankruptcy Court for the:  | Northern    | District of Illinois |
| Case number<br>(lf known) | ,                          |             | (State)              |

| Check if this is an |
|---------------------|
| amended filing      |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|  | <b>Your assets</b><br>Value of what you own |
|--|---|
| . Schedule A/B: Property (Official Form 106A/B)  | <b>*</b> 0.00                               |
| 1a. Copy line 55, Total real estate, from Schedule A/B   | \$0.00                                      |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$6,277.00                                  |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$6,277.00                                  |
| art 2: Summarize Your Liabilities  |   |
|  | Your liabilities<br>Amount you owe          |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)                                  | \$4,000.00                                  |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | <del>Ψ1,000.00</del>                        |
| . Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)   | \$0.00                                      |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                     |   |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                  | \$54,469.60                                 |
|  | \$58,469.60                                 |
| Your total liabilities   |   |
| Your total liabilities  Part 3: Summarize Your Income and Expenses   |   |
|  |   |
| Part 3: Summarize Your Income and Expenses   | \$2,016.00                                  |

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Debtor 1 Melissa Evans \_ Case number (if known) Middle Name First Name Last Name Part 4: **Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes. 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$1,279.16 Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: From Part 4 on Schedule E/F, copy the following: **Total claim** \$0.00 9a. Domestic support obligations (Copy line 6a.) \$0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$42,081.00 9d. Student loans. (Copy line 6f.) \$0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$42,081.00

9g. Total. Add lines 9a through 9f.

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| Fill in this                           | information to identify   | / your case:  |   |   |
|--|---|---|---|---|
|  |   | •   | France  |   |
| Debtor 1                               | Melissa<br>First Name   | Middle N  | Evans Last Name   |   |
| Debtor 2                               | . not riamo   | ·····au.o··   | 2451.144.115  |   |
| (Spouse, if fil                        | First Name  | Middle N  | lame Last Name  |   |
| United Sta                             | ates Bankruptcy Court   | for the: Northern   | District of Illinois (State)  |   |
| Case num<br>(If known)                 | ber   |   |   |   |
| Officia                                | ıl Form 106A  | <u>/B</u>   |   | Check if this is an amended filing  |
| Sched                                  | dule A/B: Pr  | operty  |   | 12/1  |
| category v<br>responsibl<br>write your | where you think it fits<br>e for supplying corre<br>name and case num | s best. Be as complete a<br>ct information. If more s<br>ber (if known). Answer e | •   | le are filing together, both are equally<br>his form. On the top of any additional pages,               |
|  |   | _   |   |   |
|  | No. Go to Part 2  | al or equitable interest  | n any residence, building, land, or similar pr                                | operty?   |
| <u> </u>                               |   | . 0   |   |   |
| ш                                      | Yes. Where is the prop  | perty?  |   |   |
|  |   |   | What is the property? Check all that apply.                                   | Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D</i> : |
| 1.1                                    | Street address, if available  | able, or other description  | Single-family home  | Creditors Who Have Claims Secured by Property.  |
|  |   |   | Duplex or multi-unit building   | Current value of the Current value of the   |
|  |   |   | Condominium or cooperative  Manufactured or mobile home                       | entire property? portion you own?   |
|  |   |   | Land  | <del></del>   |
|  | Number Street   |   | Investment property   | Describe the nature of your ownership   |
|  |   |   | Timeshare   | interest (such as fee simple, tenancy by the entireties, or a life estate), if known.                   |
|  | City Sta  | te Zip Code   | Other   |   |
|  |   |   | Who has an interest in the property? Check                                    | Check if this is community property (see instructions)  |
|  |   |   | one.  | Ш   |
|  |   |   | Debtor 1 only Debtor 2 only   |   |
|  |   |   | Debtor 1 and Debtor 2 only  |   |
|  |   |   | At least one of the debtors and another                                       |   |
|  |   |   |   | in item analysis and analy  |
|  |   |   | Other information you wish to add about th<br>property identification number: | is item, such as local  |
| If you                                 | own or have more that   | n one, list here:   |   |   |
|  |   |   | What is the property? Check all that apply.                                   | Do not deduct secured claims or exemptions. Put   |
| 1.2                                    | Street address, if availa   | able, or other description  | Single-family home  | the amount of any secured claims on Schedule D:<br>Creditors Who Have Claims Secured by Property.       |
|  | ,   | ,   | Duplex or multi-unit building   | Current value of the Current value of the   |
|  |   |   | Condominium or cooperative  | entire property? portion you own?   |
|  |   |   | Manufactured or mobile home   |   |
|  | Number Street   |   | Land  | Describe the nature of your ownership   |
|  |   |   | Investment property Timeshare   | interest (such as fee simple, tenancy by  |
|  | City Sta  | te Zip Code   | Other   | the entireties, or a life estate), if known.  |
|  |   |   |   | Check if this is community property   |
|  |   |   | Who has an interest in the property? Check                                    |   |
|  |   |   | one.  Debtor 1 only   | Ш   |
|  |   |   | Debtor 2 only   |   |
|  |   |   | Debtor 1 and Debtor 2 only  |   |
|  |   |   | At least one of the debtors and another                                       |   |
|  |   |   |   | is itam, such as local  |
|  |   |   | Other information you wish to add about th<br>property identification number: | is item, such as local  |

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| 1.3                            |   |  | Last Name  What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  Land              | the amount of any secu  | claims or exemptions. Put red claims on <i>Schedule D:</i> ims Secured by Property.  Current value of the portion you own? |
|--------------------------------|---|--|---|---|--|
| Stree                          | nber Street   |  | Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  | the amount of any secu<br>Creditors Who Have Clas<br>Current value of the | red claims on Schedule D: ims Secured by Property.  Current value of the   |
|                                |   |  | Land  | <u></u>   |  |
|                                | State   | Zip Code                                 | Investment property Timeshare Other   | Describe the nature of interest (such as fee si the entireties, or a life | imple, tenancy by  |
|                                |   |  | Who has an interest in the property? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about thi |   | mmunity property   |
|                                | the dollar value of the po<br>ve attached for Part 1. Wi        | rtion you own for                        | property identification number:<br>all of your entries from Part 1, including an<br>nere.<br>▶  | y entries for pages   |  |
| <b>Do you ow</b><br>you own th | nat someone else drives. If y<br>ns, trucks, tractors, sport ut | equitable interes<br>ou lease a vehicle, | at in any vehicles, whether they are register<br>also report it on Schedule G: Executory Contra<br>rcycles  | -   |  |
| <u> </u>                       | Make<br>Model:<br>Year:   | Dodge<br>Charger<br>2008                 | Who has an interest in the property? Clone.  Debtor 1 only  | the amount of any secu  | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.   |
|                                | Approximate mileage: Other information:                         | 187000                                   | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anothe   | Current value of the entire property? \$4362.00                           | Current value of the portion you own? \$4362.00  |
| 3.0                            | Make  |  | Check if this is community property instructions)  Who has an interest in the property? Cl  | ·   | claims or exemptions. Put  |
| 3.2                            | Model:<br>Year:   |  | one.  Debtor 1 only   | the amount of any secu  | ured claims on Schedule D: aims Secured by Property.   |
|                                | Approximate mileage:  |  | Debtor 2 only   | Current value of the  | Current value of the   |

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|      | Melissa<br>First Name  | Middle Name | Evans<br>Last Name   | Case numbe                                      | er (if known)  |  |
|------|--|-------------|--|---|--|--|
| 3.3  | Make<br>Model:<br>Year:<br>Approximate mileage:  |             | Who has an interest in the pone.  Debtor 1 only Debtor 2 only  | roperty? Check                                  | the amount of any secu<br>Creditors Who Have Cla<br>Current value of the   | claims or exemptions. Pured claims on Schedule Lims Secured by Property.  Current value of the |
|      | Other information:   |             | Debtor 1 and Debtor 2 onl  At least one of the debtors  Check if this is communinstructions)   | and another                                     | entire property?   | portion you own?   |
| 3.4  | Make<br>Model:<br>Year:<br>Approximate mileage:  |             | Who has an interest in the pone.  Debtor 1 only Debtor 2 only  | roperty? Check                                  | the amount of any secu   | claims or exemptions. Pured claims on Schedule Lims Secured by Property.  Current value of the |
|      | Other information:   |             | Debtor 1 and Debtor 2 onl At least one of the debtors Check if this is communinstructions)   | and another                                     | entire property?   | portion you own?   |
|      |  |             | mondonorio,  |   |  |  |
| Exar |  | •           | er recreational vehicles, other of the state | •   |  |  |
| Exar | nples: Boats, trailers, motors<br>No<br>Yes  | •           | who has an interest in the pone.  Debtor 1 only  | otorcycle accessori                             | Do not deduct secured the amount of any secu Creditors Who Have Cla  | claims or exemptions. Pured claims on Schedule Lims Secured by Property.                       |
| Exar | nples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:<br>Year:                         | •           | who has an interest in the p   | roperty? Check  y and another                   | Do not deduct secured the amount of any secu   | red claims on <i>Schedule</i> I  |
| 4.1  | nples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:<br>Year:<br>Approximate mileage: | •           | who has an interest in the pone. Debtor 1 only Debtor 2 only At least one of the debtors Check if this is communication.   | roperty? Check  y and another ity property (see | Do not deduct secured the amount of any secu Creditors Who Have Cla  Current value of the entire property?  Do not deduct secured the amount of any secu | red claims on Schedule and schedule of the Current value of the                                |

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Debtor 1 Melissa Evans Case number (if known) Middle Name First Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Furniture & Furnishings \$500.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... Used Electronics & Appliances \$745.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections, other collections, memorabilia, collectibles Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... Clothes, Shoes, & Accessories \$100.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... Used Jewelry \$20.00 13. Non-farm animals Examples: Dogs, cats, birds, horses Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1395.00 for Part 3. Write that number here .....

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Debtor 1 Melissa Evans Case number (if known) Middle Name First Name Last Name Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. **Cash** Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ✓ Yes ..... \$20.00 Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: 17.1. Checking account: 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: Meta Bank Pre-Paid Card \$500.00 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts **✓** No Institution or issuer name: Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No % of ownership: Name of entity Yes. Give specific information about

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| Deb | tor 1 Melissa                                      |  | Evans                      | Case number (if known)                       |  |  |  |  |
|-----|--|--|----------------------------|--|--|--|--|--|
| 20. |  | Middle Name  |                            |  |  |  |  |  |
|     |  | ents include personal checks, cashiers' checks, promissory notes, and money orders.  ruments are those you cannot transfer to someone by signing or delivering them. |                            |  |  |  |  |  |
|     | Yes. Give specific information about them          | Issuer name:   |                            |  |  |  |  |  |
|     |  |  |                            |  |  |  |  |  |
|     |  |  |                            |  |  |  |  |  |
| 21. | Retirement or pension<br>Examples: Interests in IF |  | ), thrift savings accoun   | ts, or other pension or profit-sharing plans |  |  |  |  |
|     | ✓ No  Yes. List each                               | Type of account:   | Institution name:          |  |  |  |  |  |
|     | account separately.                                | 401(k) or similar plan:  |                            |  |  |  |  |  |
|     | зерагатегу.  | Pension plan:  |                            |  |  |  |  |  |
|     |  | IRA:   |                            |  |  |  |  |  |
|     |  | Retirement account:  |                            |  |  |  |  |  |
|     |  | Keogh:   |                            |  |  |  |  |  |
|     |  | Additional account:  |                            |  |  |  |  |  |
|     |  | Additional account:  |                            |  |  |  |  |  |
| 22. |  | prepayments I deposits you have made so that with landlords, prepaid rent, publi   |                            |  |  |  |  |  |
|     | <b>✓</b> No  |  | Institution name:          |  |  |  |  |  |
|     | Yes  | Electric:  |                            |  |  |  |  |  |
|     |  | Gas:   |                            |  |  |  |  |  |
|     |  | Heating oil:   |                            |  |  |  |  |  |
|     |  | Security deposit on rental unit:   |                            |  |  |  |  |  |
|     |  | Prepaid rent:  |                            |  |  |  |  |  |
|     |  | Telephone:   |                            |  |  |  |  |  |
|     |  | Water:   |                            |  |  |  |  |  |
|     |  | Rented furniture:  |                            |  |  |  |  |  |
| 23  | Annuities (A contract fo                           | Other:<br>or a periodic payment of money to  | vou either for life or f   | or a number of years)                        |  |  |  |  |
| 23. | No   | ir a periodic payment of money to  | you, entirer for the or to | or a number or years)                        |  |  |  |  |
|     | Yes  | Issuer name and description:   |                            |  |  |  |  |  |
|     |  | -  |                            |  |  |  |  |  |
|     |  |  |                            |  |  |  |  |  |
|     |  |  |                            |  |  |  |  |  |

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| Debt | or 1 Melissa First Name   | Middle Name  | Evans Cas Last Name                           | se number (if known)   |   |
|------|---|--|---|--|---|
| 24.  | Interests in an   | education IRA, in an account in a q  | ualified ABLE program, or under a qua         | alified state tuition program.   |   |
|      |   | 0(b)(1), 529A(b), and 529(b)(1).   |   |  |   |
|      | ✓ No<br>Yes   | nstitution name and description. Separa  | ately file the records of any interests.11 U  | I.S.C. § 521(c):   |   |
|      | -   |  |   |  |   |
|      | _   |  |   |  |   |
| 25.  | Trusts, equitable for   |  | her than anything listed in line 1), and      | d rights or powers   |   |
|      | ✓ No Yes. Descril   | De   |   |  |   |
| 26.  |   | ghts, trademarks, trade secrets, an  |   |  | I   |
|      | Examples: Inter   | net domain names, websites, proceeds   | from royalties and licensing agreements       |  |   |
|      | Yes. Descril  | pe   |   |  |   |
| 27.  | Licenses, franc   | hises, and other general intangible  | s   |  |   |
|      |   |  | ative association holdings, liquor licenses   | s, professional licenses   |   |
|      | ✓ No  Yes. Descril  | ne   |   |  | 1   |
|      | 100. 2000   |  |   |  |   |
|      |   |  |   |  |   |
| Mor  | ney or propert  | owed to you?   |   |  | Current value of the portion you own?  Do not deduct secured claims or exemptions.  |
|      | ney or propert  |  |   |  | portion you own? Do not deduct secured  |
|      | Tax refunds owe   | ed to you  |   | Foderal  | portion you own?  Do not deduct secured claims or exemptions.   |
|      | Tax refunds own  No Yes. Give sp about  | ed to you ecific information hem, including whether  |   | Federal:   | portion you own? Do not deduct secured claims or exemptions.  |
|      | Tax refunds owe  No Yes. Give sp about you alr  | ed to you ecific information   |   | State:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  |
| 28.  | Tax refunds owe  No Yes. Give sp about you alr and th  Family support   | ecific information hem, including whether eady filed the returns e tax years   |   | State: Local:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  |
| 28.  | Tax refunds owe  No Yes. Give sp about you alr and th  Family support Examples: Past of   | ecific information hem, including whether eady filed the returns e tax years   | port, child support, maintenance, divorce     | State: Local:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  |
| 28.  | Tax refunds own  No Yes. Give sp about you alr and th  Family support Examples: Past of   | ed to you  ecific information hem, including whether eady filed the returns e tax years  | port, child support, maintenance, divorce     | State: Local:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  |
| 28.  | Tax refunds own  No Yes. Give sp about you alr and th  Family support Examples: Past of   | ecific information hem, including whether eady filed the returns e tax years   | port, child support, maintenance, divorce     | State: Local: e settlement, property settlemer   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  |
| 28.  | Tax refunds own  No Yes. Give sp about you alr and th  Family support Examples: Past of   | ed to you  ecific information hem, including whether eady filed the returns e tax years  | port, child support, maintenance, divorce     | State: Local: e settlement, property settlemer Alimony:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  \$0.00  |
| 28.  | Tax refunds own  No Yes. Give sp about you alr and th  Family support Examples: Past of   | ed to you  ecific information hem, including whether eady filed the returns e tax years  | port, child support, maintenance, divorce     | State: Local: e settlement, property settlemer Alimony: Maintenance:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  \$0.00  \$0.00 \$0.00   |
| 28.  | Tax refunds own  No Yes. Give sp about you alr and th  Family support Examples: Past of   | ed to you  ecific information hem, including whether eady filed the returns e tax years  | port, child support, maintenance, divorce     | State: Local: e settlement, property settlemer Alimony: Maintenance: Support:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  tt  \$0.00  \$0.00  \$0.00  \$0.00  |
| 28.  | Tax refunds own  No Yes. Give sp about you alr and th  Family support Examples: Past of No Yes. Give sp  Other amounts Examples: Unpai  | ecific information hem, including whether eady filed the returns e tax years  ue or lump sum alimony, spousal sup ecific information   | s, disability benefits, sick pay, vacation pa | State: Local:  e settlement, property settlemer  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 |
| 28.  | Tax refunds own  No Yes. Give sp about you alr and th  Family support Examples: Past of No Yes. Give sp  Other amounts Examples: Unpai  | ecific information hem, including whether eady filed the returns e tax years  ue or lump sum alimony, spousal supplecific information  | s, disability benefits, sick pay, vacation pa | State: Local:  e settlement, property settlemer  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 |
| 28.  | Tax refunds own  No Yes. Give spabout you alrand the samples: Past of Yes. Give spots of Yes. | ecific information hem, including whether eady filed the returns e tax years  ue or lump sum alimony, spousal sup ecific information  someone owes you d wages, disability insurance payments Security benefits; unpaid loans you ma | s, disability benefits, sick pay, vacation pa | State: Local:  e settlement, property settlemer  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 |

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| Deb    | tor 1 Melissa             |                                | Evans                               | Case number (if known)                          |                               |
|--------|---------------------------|--------------------------------|-------------------------------------|---|-------------------------------|
|        | First Name                | Middle Name                    | Last Name                           |   |                               |
| 21     | Interests in insurance    | nolicios                       |                                     |   |                               |
| 31.    |                           |                                | Ith covings seesunt (LICA), eredit  | hamaayynaria ar rontaria inayyanaa              |                               |
|        | Examples: Health, disab   | ollity, or life insurance; nea | iith savings account (HSA); credit, | homeowner's, or renter's insurance              |                               |
|        | <b>√</b> No               |                                |                                     |   |                               |
|        | ✓ No                      |                                | Company name:                       | Beneficiary:                                    | Surrender or refund value:    |
|        | Yes. Name the insu        | rance company                  | Company name.                       | Bononolary.                                     | carrottadi di fotatta valadi. |
|        | of each policy and        |                                |                                     |   |                               |
|        | or such perior and        | inot no raidonni               |                                     | <del></del>                                     | · ·                           |
|        |                           |                                |                                     |   |                               |
|        |                           |                                |                                     |   | <u> </u>                      |
|        |                           |                                |                                     |   |                               |
|        |                           |                                |                                     |   |                               |
| 32.    | Any interest in proper    | ty that is due you from        | someone who has died                |   |                               |
|        | If you are the benefician | y of a living trust, expect p  | proceeds from a life insurance pol  | icy, or are currently entitled to receive       |                               |
|        | property because some     |                                | ·                                   | •   |                               |
|        | ,                         |                                |                                     |   |                               |
|        | <b>✓</b> No               |                                |                                     |   |                               |
|        | Yes. Describe             |                                |                                     |   |                               |
|        | Tes. Describe             |                                |                                     |   |                               |
|        |                           |                                |                                     |   |                               |
|        |                           |                                |                                     |   |                               |
| 33     | Claims against third n    | arties whether or not          | ou have filed a lawsuit or mad      | e a demand for navment                          |                               |
| 00.    |                           |                                | rance claims, or rights to sue      | e a demand for payment                          |                               |
|        | Examples. Accidents, el   | inployment disputes, insu      | nance claims, or rights to sue      |   |                               |
|        | .✓ No                     |                                |                                     |   |                               |
|        | <u> </u>                  |                                |                                     |   |                               |
|        | Yes. Describe             |                                |                                     |   |                               |
|        | _                         |                                |                                     |   |                               |
|        |                           |                                |                                     |   |                               |
| 0.4    | 011                       |                                |                                     | and a first of the state of the first           |                               |
| 34.    |                           | unliquidated claims of         | every nature, including counte      | rclaims of the debtor and rights                |                               |
|        | to set off claims         |                                |                                     |   |                               |
|        | —                         |                                |                                     |   |                               |
|        | <b>✓</b> No               |                                |                                     |   |                               |
|        | Yes. Describe             |                                |                                     |   |                               |
|        |                           |                                |                                     |   |                               |
|        |                           |                                |                                     |   |                               |
|        |                           |                                |                                     |   |                               |
| 35.    | Any financial assets y    | ou did not already list        |                                     |   |                               |
|        |                           |                                |                                     |   |                               |
|        | <b>✓</b> No               |                                |                                     |   |                               |
|        | Yes. Describe             |                                |                                     |   |                               |
|        | Tes. Describe             |                                |                                     |   |                               |
|        |                           |                                |                                     |   |                               |
|        |                           |                                |                                     |   |                               |
|        |                           |                                |                                     |   |                               |
| 36.    | Add the dollar value of   | of all of your entries from    | n Part 4, including any entries     | for pages you have attached                     | 4500.00                       |
|        |                           | •                              |                                     |   | \$520.00                      |
|        | ior rait 4. write that i  | number nere                    |                                     |   |                               |
|        |                           |                                |                                     |   |                               |
|        |                           |                                |                                     |   |                               |
|        |                           |                                |                                     |   |                               |
| Part   | 5 Describe Any B          | usiness-Related Pro            | perty You Own or Have an            | Interest In. List any real estate in Par        | t 1.                          |
| . α. τ |                           |                                |                                     |   |                               |
| 37.    | Do you own or have a      | ny legal or equitable int      | terest in any business-related p    | property?                                       |                               |
|        |                           |                                |                                     |   | Current value of the          |
|        | No. Go to Part 6.         |                                |                                     |   | portion you own?              |
|        | Yes. Go to line 38.       |                                |                                     |   |                               |
|        | Tes. do to line so.       |                                |                                     |   | Do not deduct secured claims  |
|        |                           |                                |                                     |   | or exemptions                 |
| 38.    | Accounts receivable       | or commissions you alre        | eady earned                         |   |                               |
|        |                           | •                              |                                     |   |                               |
|        | <b>✓</b> No               |                                |                                     |   |                               |
|        |                           |                                |                                     |   |                               |
|        | Yes. Describe             |                                |                                     |   |                               |
|        |                           |                                |                                     |   |                               |
|        |                           |                                |                                     |   |                               |
| 20     | Office equipment fur      | sichings and supplies          |                                     |   |                               |
| 39.    | Office equipment, fur     |                                | madama adatesi (                    | anabinan muna talanbaran daribi abaha dari      | trania daviaca                |
|        | Examples: Business-rela   | ated computers, software       | , modems, printers, copiers, fax r  | nachines, rugs, telephones, desks, chairs, elec | TOTIC DEVICES                 |
|        | No.                       |                                |                                     |   |                               |
|        | <b>✓</b> No               |                                |                                     |   |                               |
|        | Yes. Describe             |                                |                                     |   |                               |
|        |                           |                                |                                     |   |                               |
|        |                           |                                |                                     |   |                               |
|        |                           |                                |                                     |   |                               |

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| Debt         | tor 1 Melissa  | Evans                                    | Case number (if known)          |  |
|--------------|--|--|---------------------------------|--|
|              | First Name Middle Nam  | ne Last Name                             | <del></del>                     |  |
| 40.          | Machinery, fixtures, equipment, supplies yo                                      | ou use in business, and tools of you     | r trade                         |  |
|              | <b>✓</b> No  |  |                                 |  |
|              | <u> </u>   |  |                                 |  |
|              | Yes. Describe  |  |                                 |  |
|              |  |  |                                 |  |
| 41           | Inventory  |  |                                 |  |
| 41.          | inventory  |  |                                 |  |
|              | <b>✓</b> No  |  |                                 |  |
|              | Yes. Describe  |  |                                 |  |
|              |  |  |                                 |  |
|              |  |  |                                 |  |
| 42.          | Interests in partnerships or joint ventures                                      |  |                                 |  |
|              | ✓ No   |  |                                 |  |
|              |  | Name of entity:                          | % of ownership:                 |  |
|              | Yes. Give specific information about   |  |                                 |  |
|              | them   |  |                                 | <del>_</del>                               |
|              |  |  |                                 |  |
|              |  |  |                                 |  |
|              |  |  |                                 |  |
| 43. <b>C</b> | Customer lists, mailing lists, or other compil                                   | ations                                   |                                 |  |
|              | <b>✓</b> No  |  |                                 |  |
|              | Yes. Do your lists include personally identif                                    | fiable information (as defined in 11 U.S | S.C. 8 101(41A))?               |  |
|              | Li reci de yeur nete metado percentany identin                                   | inabio information (ao ao info in 11 o i | 3.0.(,,.                        |  |
|              | No   |  |                                 |  |
|              | Yes. Describe  |  |                                 |  |
|              |  |  |                                 | ·  |
| 44.          | Any business-related property you did not a                                      | already list                             |                                 |  |
|              | - No   | -  |                                 |  |
|              | ✓ No   |  |                                 |  |
|              | Yes. Give specific   |  |                                 |  |
|              | information  | -  |                                 | <del></del>                                |
|              |  |  |                                 |  |
|              |  |  |                                 |  |
|              |  | -  |                                 | <del></del>                                |
|              |  |  |                                 |  |
|              |  |  |                                 |  |
|              |  |  |                                 | <del></del>                                |
|              |  |  |                                 |  |
|              | dd the dollar value of all of your entries from                                  |  |                                 |  |
| for Pa       | art 5. Write that number here  |  |                                 |  |
|              | Describe Any Form and Commor   | nial Fishing Polated Property            | /au Own or Have on Interest In  |  |
| Part         | Describe Any Farm- and Commerce If you own or have an interest in farmland, list |  | rou Own or have an interest in. |  |
|              |  |  |                                 |  |
| 46.          | Do you own or have any legal or equitable i                                      | interest in any farm- or commercia       | I fishing-related property?     |  |
|              | No. Go to Part 7.  |  |                                 | Current value of the                       |
|              | Yes. Go to line 47.  |  |                                 | portion you own?                           |
|              | 163. do to line 47.  |  |                                 | Do not deduct secured claims or exemptions |
| 17           | Farm animals   |  |                                 | or exemptions                              |
| 47.          | Examples: Livestock, poultry, farm-raised fish                                   |  |                                 |  |
|              |  |  |                                 |  |
|              | <b>✓</b> No  |  |                                 |  |
|              | Yes. Describe  |  |                                 |  |
|              |  |  |                                 |  |
|              |  |  |                                 |  |

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| Deb          |   | Evans                  | Case number (if known)          |             |
|--------------|---|------------------------|---------------------------------|-------------|
|              | First Name Middle Name  | Last Name              |                                 |             |
| 48.          | Crops-either growing or harvested   |                        |                                 |             |
|              | ✓ No  |                        |                                 |             |
|              | Yes. Describe   |                        |                                 |             |
|              |   |                        |                                 |             |
|              |   |                        |                                 |             |
| 49.          | Farm and fishing equipment, implements, machinery, fixture  | es, and tools of trade |                                 |             |
|              | No No   |                        |                                 |             |
|              | Yes. Describe   |                        |                                 |             |
|              | Test Besonbern  |                        |                                 |             |
|              |   |                        |                                 |             |
| 50.          | Farm and fishing supplies, chemicals, and feed  |                        |                                 |             |
|              | No No   |                        |                                 |             |
|              | Yes. Describe   |                        |                                 |             |
|              | Test. Describe  |                        |                                 |             |
|              |   |                        |                                 |             |
| 51.          | Any farm- and commercial fishing-related property you did   | not already list       |                                 |             |
|              | <b>☑</b> No   |                        |                                 |             |
|              | Yes. Describe   |                        |                                 |             |
|              | Test. Describe  |                        |                                 |             |
|              |   |                        |                                 |             |
| - A          | dd the dellaw value of all of commandate from Dant C includin                                     |                        | b attacked                      |             |
|              | dd the dollar value of all of your entries from Part 6, includir<br>art 6. Write that number here |                        | •                               |             |
| •            |   |                        |                                 |             |
|              |   |                        |                                 |             |
|              |   |                        |                                 |             |
| Part         | 7: Describe All Property You Own or Have an Inter   | est in That You Did    | Not List Above                  |             |
|              | Do you have other property of any kind you did not already  |                        |                                 |             |
| 00.          | Examples: Season tickets, country club membership   | 1130.                  |                                 |             |
|              | ✓ No  |                        |                                 | 9           |
|              |   |                        |                                 |             |
|              | Yes. Give specific information  |                        |                                 |             |
|              |   |                        |                                 |             |
|              |   |                        |                                 |             |
|              |   |                        |                                 |             |
| 54. A        | dd the dollar value of all of your entries from Part 7. Write th                                  | at number here         |                                 | <u> </u>    |
|              |   |                        |                                 |             |
|              |   |                        |                                 |             |
|              |   |                        |                                 |             |
|              |   |                        |                                 |             |
| David        | 8: List the Totals of Each Part of this Form  |                        |                                 |             |
| Part         | 6. List the Totals of Each Part of this Porti   |                        |                                 |             |
| 55.          | Part 1: Total real estate, line 2   |                        | <b></b>                         |             |
|              | ,   |                        |                                 |             |
| 56.          | part 2 total vehicles, line 5   | ¢4262.00               |                                 |             |
| 67 <b>F</b>  | Newt 2: Tatal newsonal and harrachald itams line 15   | \$4362.00              | <del>_</del>                    |             |
| 37.F         | Part 3: Total personal and household items, line 15   | \$1395.00              | _                               |             |
| 58. <b>F</b> | Part 4: Total financial assets, line 36   | \$520.00               |                                 |             |
| 59.          | Part 5: Total business-related property, line 45  |                        | _                               |             |
|              |   | _                      | _                               |             |
| 60.          | Part 6: Total farm- and fishing-related property, line 52   |                        | _                               |             |
| 61.          | Part 7: Total other property not listed, line 54  |                        |                                 |             |
| 62           | Total personal property. Add lines 56 through 61  |                        | _                               |             |
| J            |   | \$6277.00              | Copy personal property total    | + \$6277.00 |
|              |   |                        | 20p) polosital proporty total P |             |
|              |   |                        |                                 | \$6277.00   |
| 63. <b>T</b> | otal of all property on Schedule A/B. Add line 55 + line 62                                       |                        |                                 |             |

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| Debtor 1 | Melissa     |              | Evans      | Case number (if known) |  |
|----------|-------------|--------------|------------|------------------------|--|
|          | Circl Money | Middle Noses | Look Moreo |                        |  |

### Schedule A/B: Property. Additional page

| Part 3: Describe Your Personal and Household Items |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| Do you own or ha                                   | ve any legal or equitable interest in any of the following items? | Current value of the portion you own?  Do not deduct secured claims or exemptions. |  |  |  |  |
| 6.2. Household good                                | ds and furnishings  |  |  |  |  |  |
| No ✓ Yes. Describe                                 | Cooking & Eating Utensils   | \$30.00  |  |  |  |  |

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| Fill in this information to identify your case: |            |             |                              |  |  |  |
|---|------------|-------------|------------------------------|--|--|--|
| Debtor 1  | Melissa    | Evans       |                              |  |  |  |
|   | First Name | Middle Name | Last Name                    |  |  |  |
| Debtor 2  |            |             |                              |  |  |  |
| (Spouse, if filing)                             | First Name | Middle Name | Last Name                    |  |  |  |
| United States Bankruptcy Court for the:         |            | Northern    | District of Illinois (State) |  |  |  |
| Case number<br>(If known)                       |            |             | (State)                      |  |  |  |

### Official Form 106C

### Check if this is an amended filing

### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | rt 1: Identify the Property You Clair  | m as Exempt  |   |   |  |  |  |
|----|--|--|---|---|--|--|--|
| 1. | Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you. |  |   |   |  |  |  |
|    | You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)                 |  |   |   |  |  |  |
|    | You are claiming federal exemption   | ns. 11 U.S.C. § 522(b)(  | 2)  |   |  |  |  |
| 2. | For any property you list on Schedule A  | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. |   |   |  |  |  |
|    | Brief description of the property and line on Schedule A/B that lists this property                | Current value of<br>the portion you<br>own<br>Copy the value from                                  | Amount of the exemption you claim  Check only one box for each exemption.                           | Specific laws that allow exemption              |  |  |  |
|    |  | Schedule A/B   |   |   |  |  |  |
|    | Brief description:  Dodge Charger, 2008 Line from  | \$4,362.00   | \$362.00; \$0.00 100% of fair market value, up to any   | 735 ILCS 5/12-1001(c); 735 ILCS<br>5/12-1001(b) |  |  |  |
|    | Schedule A/B: 03   |  | applicable statutory limit  |   |  |  |  |
|    | Brief description:   | \$500.00   |   | 735 ILCS 5/12-1001(b)                           |  |  |  |
|    | Other financial account,   | Ψ300.00  | \$500.00  |   |  |  |  |
|    | Meta Bank Pre-Paid<br>Card   |  | 100% of fair market value, up to any applicable statutory limit                                     | <del>-</del>                                    |  |  |  |
|    | Line from Schedule A/B: 17   |  |   |   |  |  |  |
| 3. | <b>✓</b> No  | ery 3 years after that for   | 375? cases filed on or after the date of adjustment.) vithin 1,215 days before you filed this case? |   |  |  |  |

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Debtor 1 Melissa Evans Case number (if known) Middle Name First Name Last Name Part 2: **Additional Page** Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you property own Check only one box for each exemption. Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(a) \$100.00 description: **✓** \$100.00 Clothes, Shoes, & 100% of fair market value, up to any Accessories applicable statutory limit Line from Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$500.00 description: **✓** \$500.00 Furniture & Furnishings 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$745.00 description: \$745.00 **Used Electronics & Appliances** 100% of fair market value, up to any applicable statutory limit Line from Schedule A/B: 07 735 ILCS 5/12-1001(b) Brief \$30.00 description: \$30.00 Cooking & Eating 100% of fair market value, up to any Utensils applicable statutory limit Line from Schedule A/B: 06 Brief 735 ILCS 5/12-1001(b) \$20.00 description: \$20.00 **Used Jewelry** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$20.00 description: **✓** 

\$20.00

100% of fair market value, up to any

applicable statutory limit

Cash On Hand

16

Line from

Schedule A/B:

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|  |  | DC  | rage 25 or  | 1 1   |   |                                    |
|--|--|---|---|---|---|------------------------------------|
| Fill in this infor   | mation to identify your ca   | se:   |   |   |   |                                    |
| Debtor 1   | Melissa  |   | Evans   |   |   |                                    |
|  | First Name   | Middle Name   | Last Name   |   |   |                                    |
| Debtor 2<br>(Spouse, if filing)                              | First Name   | Middle Name   | Last Name   |   |   |                                    |
| United States B  | Bankruptcy Court for the:  | Northern  | District of Illinois  |   |   |                                    |
| Case number<br>(lf known)                                    |  |   | (State)   |   |   |                                    |
| Official   | Form 106D  |   |   | J   |   | Check if this is an amended filing |
| Schedu   | ıle D: Credito   | ors Who Ha  | ve Claims Secure  | ed by Prop  | erty  | 12/15                              |
| more space is name and case  1. Do any o                     | needed, copy the Addition in the contract of t | ecured by your proper<br>hit this form to the court   | e are filing together, both are equinber the entries, and attach it to toty?  with your other schedules. You have | his form. On the top o  | of any additional pag                                 |                                    |
| Part 1: List   | All Secured Claims   |   |   |   |   |                                    |
| separate   | •  | nan one creditor has a par  | cured claim, list the creditor<br>ticular claim, list the other creditors<br>order according to the creditor's    | Column A  Amount of claim  Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any  |
| Creditor's 3535 E Numb  Chicag City Who ov  Det Det At I and | o IL 60617 State ZIP Code wes the debt? Check one. btor 1 only btor 2 only btor 1 and Debtor 2 only east one of the debtors d another eck if this claim relates a community debt   | 2008 Dodge Charger  As of the date you file Contingent Unliquidated Disputed  Nature of lien. Check a  An agreement you car loan) | made (such as mortgage or secured as tax lien, mechanic's lien)   | \$4,000.00  | \$4,362.00  | \$0.00                             |
| Date de  | ebt was  | Last 4 digits of accou  | nt number   |   |   |                                    |

Add the dollar value of your entries in Column A on this page. Write that number

here:

\$4,000.00

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| F-11 -                                 |   |   |   |   |   |  |   |  |
|--|---|---|---|---|---|--|---|--|
| HIII I                                 | n this infor  | mation to identify your c   | ase:  |   |   |  |   |  |
| Deb                                    | otor 1  | Melissa   |   | Evans   |   |  |   |  |
|  |   | First Name  | Middle Name   | Last Name   |   |  |   |  |
|  | tor 2   | <del></del>   |   |   |   |  |   |  |
| (Spo                                   | use, if filing)   | First Name  | Middle Name   | Last Name   |   |  |   |  |
| Unit                                   | ted States E  | ankruptcy Court for the:  | Northern  | District of Illinois (State)  |   |  |   |  |
| Cas<br>(If kno                         | e number<br>own)  |   |   | · · ·   |   |  |   |  |
| Off                                    | ficial F  | orm 106E/F  |   |   |   | Che  | ck if this is an                                  | n amended filing                                 |
| Sc                                     | chedu   | ıle E/F: Cre  | ditors Who  | Have Uns  | ecured Claims   |  |   | 12/15  |
| othe<br>Form<br>clain<br>the e<br>knov | r party to a<br>n 106A/B) a<br>ns that are<br>entries in t<br>vn).  | any executory contracts<br>and on <i>Schedule G: Exe</i><br>Ilisted in <i>Schedule D: C</i><br>he boxes on the left. At | s or unexpired leases that<br>cutory Contracts and Une<br>Creditors Who Hold Claims | could result in a clai<br>expired Leases (Offici<br>Secured by Property | ims and Part 2 for creditors wit<br>m. Also list executory contracts<br>al Form 106G). Do not include a<br>. If more space is needed, copy<br>ie top of any additional pages, v | on <i>Schedu</i><br>ny creditor<br>the Part yo | ule A/B: Prop<br>s with partia<br>ou need, fill i | perty (Official<br>ally secured<br>t out, number |
| 1.                                     |   | reditors have priority un<br>Go to Part 2.  | secured claims against y  | ou?   |   |  |   |  |
| 2.                                     | List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) |   |   |   |   |  |   |  |
|  |   |   |   |   |   | Total  | Priority  | Nonpriority                                      |

claim

amount

amount

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Debtor 1 Melissa Evans Case number (if known) Middle Name First Name Last Name Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. **✓** Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of Part 2. **Total claim** 4.1 AFNI INC \$1.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? P.O. BOX 3427 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 61702 Illinois Bloomington City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt NOTICE ONLY Other. Specify \_\_\_ Is the claim subject to offset? Yes ARS ACCOUNT RESOLUTION 4.2 \$483.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 6/2016 PO BOX 459079 Number As of the date you file, the claim is: Check all that apply. Contingent Fort Lauderdale Florida 33345 Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? **✓** ORIGINAL CREDITOR: MEDICAL **✓** No Other. Specify PAYMENT DATA ARS ACCOUNT RESOLUTION \$1.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 1801 NW 66TH AVE STE 200 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated PLANTATION 33313 Florida City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt NOTICE ONLY Other. Specify \_ Is the claim subject to offset? **✓** No Yes

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 Debtor 1 First Name
 Melissa First Name
 Evans Last Name
 Case number (if known)

| Part 2 | Your NONPRIORITY Unsecured Claims - Continuation  | on Page   |             |
|--------|---|---|-------------|
|        | After listing any entries on this page, number them beginning w   | vith 4.5, followed by 4.6, and so forth.  | Total claim |
| 4.4    | Bank of America Nonpriority Creditor's Name PO Box 982236 Number Street   | Last 4 digits of account number  When was the debt incurred?  | \$1.00      |
|        | El Paso Texas 79998 City State Zip Code Who incurred the debt? Check one.  Debtor 1 only  | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim:   |             |
|        | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset?  | Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify NOTICE ONLY   |             |
|        | ✓ No  Yes   |   |             |
| 4.5    | Central Finance & Loan Nonpriority Creditor's Name 54 Walton Street Number Street   | When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent   | \$1.00      |
|        | Atlanta Georgia 30303  City State Zip Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  ✓ No  Yes | Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify NOTICE ONLY         |             |
| 4.6    | City of Chicago - Dep't of Revenue Nonpriority Creditor's Name PO Box 88292 Number Street   | Last 4 digits of account number When was the debt incurred? n/a  As of the date you file, the claim is: Check all that apply.  Contingent   | \$4,306.00  |
|        | Chicago Illinois 60608 City State Zip Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  ✓ No  Yes | Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  ✓ Other. Specify Parking Tickets |             |

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 Debtor 1 First Name
 Melissa First Name
 Evans Last Name
 Case number (if known)

| Part 2                            | Your NONPRIORITY Unsecured Claims - Continuation                | on Page   |   |
|-----------------------------------|---|---|---|
|                                   | After listing any entries on this page, number them beginning w | rith 4.5, followed by 4.6, and so forth.  | Total claim                                 |
| 4.7                               | Commonwealth Edison Nonpriority Creditor's Name                 | Last 4 digits of account number   | \$319.00                                    |
|                                   | 3 Lincoln Ctr Fl 4 Number Street                                | When was the debt incurred?n/a  |   |
|                                   |   | As of the date you file, the claim is: Check all that apply.  |   |
|                                   |   | — Contingent  |   |
|                                   | Oakbrook Ter Illinois 60181                                     | Unliquidated  |   |
|                                   | City State Zip Code  Who incurred the debt? Check one.          | Disputed  |   |
|                                   | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |   |
|                                   | Debtor 2 only   | Student loans   |   |
|                                   | Debtor 1 and Debtor 2 only                                      | Obligations arising out of a separation agreement or divorce that you did not report as priority claims         |   |
|                                   | At least one of the debtors and another                         | Debts to pension or profit-sharing plans, and other similar debts   |   |
|                                   | Check if this claim relates to a community debt                 | Other. Specify NOTICE ONLY  |   |
|                                   | Is the claim subject to offset?                                 |   |   |
|                                   | ✓ No  |   |   |
|                                   | Yes   |   |   |
| 4.8                               |   | Last 4 digits of account number   | \$634.09                                    |
|                                   | 2230 E. Imperial Hwy  | When was the debt incurred?n/a  |   |
|                                   | Number Street   | As of the date you file, the claim is: Check all that apply.  |   |
| Nonpriority Creditor's Name       |   | <ul><li>Contingent</li></ul>  |   |
|                                   | El Segundo California 90245                                     | Unliquidated  |   |
|                                   |   | Disputed  |   |
| Who incurred the debt? Check one. |   | Type of NONPRIORITY unsecured claim:  |   |
|                                   | <u> </u>  | Student loans   |   |
|                                   | Debtor 1 and Debtor 2 only                                      | Obligations arising out of a separation agreement or  |   |
|                                   | <u>'</u>  | divorce that you did not report as priority claims  |   |
|                                   | At least one of the debtors and another                         | Debts to pension or profit-sharing plans, and other similar debts   |   |
|                                   | Check if this claim relates to a community debt                 | Other. Specify DUE  |   |
| Is the claim subject to offset?   |   |   |   |
|                                   | ✓ No  |   |   |
|                                   | Yes   |   |   |
| 4.9                               | Enterprise Recovery Systems Nonpriority Creditor's Name         | Last 4 digits of account number   | \$1.00                                      |
|                                   | 5800 North Course Drive   | When was the debt incurred?n/a  |   |
|                                   | Number Street   | As of the date you file, the claim is: Check all that apply.  |   |
|                                   |   | Contingent  |   |
|                                   | Houston Texas 77072   | Unliquidated  |   |
|                                   | City State Zip Code   | Disputed  |   |
|                                   | Who incurred the debt? Check one.  Debtor 1 only                | Type of NONPRIORITY unsecured claim:  | n/a neck all that apply.  m: n agreement or |
|                                   | Debtor 2 only   | Student loans   |   |
|                                   | Debtor 1 and Debtor 2 only                                      | Obligations arising out of a separation agreement or  |   |
|                                   | At least one of the debtors and another                         | divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar |   |
|                                   | Check if this claim relates to a community debt                 | debts  Other Specify  NOTICE ONLY   |   |
|                                   | Is the claim subject to offset?                                 | Other. Specify NOTICE ONLY  |   |
|                                   | <b>✓</b> No   |   |   |
|                                   | Yes   |   |   |

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Debtor 1 Melissa Evans Case number (if known) Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 Enterprise Rent a Car \$1.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 328 S. Jefferson Suite 909 As of the date you file, the claim is: Check all that apply. c/o James Robinson Contingent Unliquidated 60661 Illinois Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt NOTICE ONLY Other. Specify \_\_\_\_ Is the claim subject to offset? **✓** No Yes FIRST PREMIER BANK \$424.00 4.11 0935 Last 4 digits of account number \_\_\_ Nonpriority Creditor's Name Jefferson Capital Systems, LLC PO Box 7999 2/2015 When was the debt incurred? Street Number As of the date you file, the claim is: Check all that apply. c/o Kelly Lukason Contingent 56302 Saint Cloud Minnesota Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify \_ CreditCard Is the claim subject to offset? **✓** No Yes JEFFERSON CAPITAL SYSTEM 4.12 \$424.22 Last 4 digits of account number Nonpriority Creditor's Name 16 MCLELAND RD When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated SAINT CLOUD 56303 Minnesota Zip Code Disputed State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_ Due Is the claim subject to offset?

✓ No Yes

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Debtor 1 Melissa Evans Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 National Credit Systems, Inc. \$305.95 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 312125 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 31131 Atlanta Georgia City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify \_\_\_ Due Is the claim subject to offset? **✓** No Yes 4.14 Peoples Gas \$300.00 Last 4 digits of account number \_ Nonpriority Creditor's Name n/a 200 E. Randolph When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Chicago Illinois 60601 State Zip Code Disputed City Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_\_ Past Due Gas Is the claim subject to offset? **✓** No Yes PHOENIX FINANCIAL SERVICE 4.15 \$1.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 8902 OTIS AVE STE 103A n/a Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated INDIANAPOLIS 46216 Indiana City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_\_ NOTICE ONLY Is the claim subject to offset? **✓** No

Yes

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Debtor 1 Melissa Evans Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.16 \$1.00 Last 4 digits of account number Nonpriority Creditor's Name 5970 FAIRVIEW RD STE 800 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated CHARLOTTE North Carolina 28210 City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ Notice Only Is the claim subject to offset? **✓** No Yes Sprint Nextel \$4,000.00 4.17 Last 4 digits of account number \_ Nonpriority Creditor's Name PO Box 3326 When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Englewood Colorado 80155 State Zip Code Disputed City Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_ Is the claim subject to offset? **✓** No Yes T mobile Bankruptcy Team 4.18 \$313.34 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 53410 n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Washington 98015 Bellevue City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_ Due Is the claim subject to offset? **✓** No

Yes

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Evans Debtor 1 Melissa Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.19 US DEPT OF ED/GLELSI \$42,081.00 Last 4 digits of account number Nonpriority Creditor's Name 2401 INTERNATIONAL LN When was the debt incurred? 8/2010 Number Street As of the date you file, the claim is: Check all that apply. Contingent MADISON 53704 Wisconsin Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ Is the claim subject to offset? **✓** No Yes 4.20 VERIZON WIRELESS \$871.00 Last 4 digits of account number 6840 Nonpriority Creditor's Name P.O. Box 660108 When was the debt incurred? 8/2013 Number Street As of the date you file, the claim is: Check all that apply. Contingent Dallas Texas 75266 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify 001 UnknownLoanType Is the claim subject to offset? **✓** No

Yes

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| Deb  | otor 1 Melissa<br>First Name            |                  | Middle Name  | Evans<br>Last Name                             | Case number (if known)   |  |  |  |
|--|---|------------------|--|--|--|--|--|--|
| Par  | t 3: List Others                        | to Be Notified A | About a Debt Tha   | at You Already Liste                           | ed   |  |  |  |
| collection agency is trying to collect from you for a debt |   |                  |  | ebt you owe to somed<br>an one creditor for ar | for a debt that you already listed in Parts 1 or 2. For example, if a one else, list the original creditor in Parts 1 or 2, then list the ny of the debts that you listed in Parts 1 or 2, list the additional debts in Parts 1 or 2, do not fill out or submit this page. |  |  |  |
|  | HARRIS & HARRIS LTD<br>Name             |                  | On which entry in Part 1 or Part 2 did you list the original creditor?               |  |  |  |  |  |
|  | 111 W JACKSON BLVD S-400  Number Street |                  |  | Line 4.6                                       | of (Check one):  Part 1: Creditors with Priority Unsecured Claims  |  |  |  |
|  | CHICAGO Illinois 60604                  |                  | Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number |  |  |  |  |  |
|  | City                                    | State            | Zip Code   |  |  |  |  |  |

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Debtor 1 Melissa Evans Case number (if known)

| First Nar                | ne Middle Name Last Name   |     |  |                    |  |
|--------------------------|--|-----|--|--------------------|--|
| Part 4: Add th           | e Amounts for Each Type of Unsecured Claim   |     |  |                    |  |
|                          | mounts of certain types of unsecured claims. This information is<br>nounts for each type of unsecured claim. |     | tatistical reporting purposes only  Total claims | y. 28 U.S.C. §159. |  |
|                          |  |     |  |                    |  |
| Total claims from Part 1 | 6a. Domestic support obligations.  | 6a. | \$0.00   |                    |  |
|                          | 6b. Taxes and certain other debts you owe the government   | 6b. | \$0.00   |                    |  |
|                          | 6c. Claims for death or personal injury while you were intoxicated   | 6c. | \$0.00   |                    |  |
|                          | 6d. Other. Add all other priority unsecured claims. Write that amount here.                                  | 6d. | \$0.00   |                    |  |
|                          | 6e. Total. Add lines 6a through 6d.  | 6e. | \$0.00   |                    |  |
|                          |  |     | Total claims                                     |                    |  |
| Total claims from Part 2 | 6f. Student loans  | 6f. | \$42,081.00                                      |                    |  |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims  | 6g. | \$0.00   |                    |  |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts  | 6h. | \$0.00   |                    |  |
|                          | Other. Add all other nonpriority unsecured claims. Write that amount here.                                   | 6i. | \$12,388.60                                      |                    |  |
|                          | 6j. Total. Add lines 6f through 6j.  | 6i. | \$54,469.60                                      |                    |  |

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| Fill in this infor     | mation to identify your c | ase:        |                      |  |  |
|------------------------|---------------------------|-------------|----------------------|--|--|
| Debtor 1               | Melissa                   |             | Evans                |  |  |
|                        | First Name                | Middle Name | Last Name            |  |  |
| Debtor 2               |                           |             |                      |  |  |
| (Spouse, if filing)    | First Name                | Middle Name | Last Name            |  |  |
| United States E        | Bankruptcy Court for the: | Northern    | District of Illinois |  |  |
|                        |                           |             | (State)              |  |  |
| Case number (If known) |                           |             |                      |  |  |

### Official Form 106G

### Check if this is an amended filing

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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|               |                            |   | Do  | cument rag                | gc 33 01 11   |
|---------------|----------------------------|---|---|---------------------------|---|
| Fill in       | n this infor               | mation to identify your c                     | ase:  |                           |   |
| Deb           | tor 1                      | Melissa                                       |   | Evans                     |   |
|               |                            | First Name                                    | Middle Name   | Last Name                 |   |
|               | tor 2                      | =   |   |                           |   |
| (Spot         | use, if filing)            | First Name                                    | Middle Name   | Last Name                 |   |
| Unit          | ed States E                | Sankruptcy Court for the:                     | Northern  | District of Illinois      |   |
| Case          | e number                   |   |   | (State)                   |   |
| (If kno       |                            |   |   |                           |   |
| 1             |                            |   |   |                           | Check if this is a  |
|               | <i>c</i>                   |   |   |                           | amended filing  |
| Ot            | ficial                     | Form 106H                                     |   |                           |   |
| C =           | ا د اه م ما                | . II. V O.                                    | lablana   |                           |   |
| <u> 5c</u>    | neaui                      | e H: Your Cod                                 | leptors   |                           | 12/1:   |
| the e<br>know | entries in t<br>vn). Answe | he boxes on the left. At<br>r every question. |   | to this page. On the to   | as a codebtor.)   |
|               |                            |   | lived in a community pro<br>kico, Puerto Rico, Texas, W |                           | rry? (Community property states and territories include Arizona, California, nsin.) |
|               |                            | Go to line 3.                                 |   |                           |   |
|               | Yes.                       | Did your spouse, forme                        | er spouse, or legal equiva                              | lent live with you at the | ne time?  |
|               | ✓                          | No  |   |                           |   |
|               |                            | Yes. In which communit                        | y state or territory did you                            | ı live?                   | Fill in the name and current address of that person.                                |
|               |                            |   |   |                           |   |
|               |                            | Name of your spouse, f                        | ormer spouse, or legal equ                              | valent                    |   |
|               |                            | Number Street                                 |   |                           |   |
|               |                            | Namber Ollect                                 |   |                           |   |
|               |                            | City  | State   | Zip Co                    | Code  |
|               |                            |   |   |                           |   |
| ∣ 3.          | In Column                  | ı 1, list all of your codel                   | otors. Do not include you                               | spouse as a codebtor      | or if your spouse is filing with you. List the person shown in line 2               |

In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2
again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D),
Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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|   |   | 20  | Carriorit              |                   | .go <b>oo</b> o |             |  |             |
|---|---|---|------------------------|-------------------|-----------------|-------------|--|-------------|
| Fill in this inf                                | ormation to identify                          | your case:  |                        |                   |                 |             |  |             |
| Debtor 1  | Melissa                                       |   | Evans                  |                   |                 |             |  |             |
|   | First Name                                    | Middle Name   | Last N                 | ame               |                 | Che         | eck if this is:  |             |
| Debtor 2 (Spouse, if filing)                    | First Name                                    | Middle Neme   | Last N                 | omo               |                 |             | An amended filing  |             |
|   |   | Middle Name   |                        |                   |                 |             | A supplement showing post-petition   | n chanter 1 |
| the:  | Bankruptcy Court for                          | Northern  | District of Illi<br>(S | nois<br>State)    |                 | "           | expenses as of the following date:   | ronaptor i  |
| Case number<br>(If known)                       |   |   |                        |                   |                 |             | MM / DD / YYYY   |             |
| Official  | Form 106I                                     |   |                        |                   |                 |             |  |             |
| Schedu  | le I: Your In                                 | come  |                        |                   |                 |             |  | 12/1        |
| information a<br>spouse. If mo<br>number (if kn | bout your spouse. I                           | f you are separated an<br>I, attach a separate she<br>y question. | d your spou            | se is ı           | not filing w    | ith you, do | r spouse is living with you, incl<br>not include information about<br>ional pages, write your name a | your        |
| 1. Fill in you                                  | r employment                                  |   | Debtor 1               |                   |                 |             | Debtor 2   |             |
| informatio                                      | formation.                                    | Employment status   | Emplo                  | <b>✓</b> Employed |                 |             | Employed   |             |
| •   | e more than one job,<br>parate page with      | ,,  | ✓ Emplo                | -                 | ed              |             | Not Employed   |             |
| information                                     | information about additional employers.       | Occupation  | Self-emplo             |                   |                 |             |  |             |
| Include pa<br>self-emplo                        | rt time, seasonal, or<br>ved work.            | Employer's name   |                        |                   |                 |             | _  |             |
| Occupation                                      | n may include student<br>aker, if it applies. | Employer's address  | Number Str             | Number Street     |                 |             | Number Street  |             |
|   |   |   |                        |                   |                 |             |  |             |
|   |   |   | City                   |                   | State           | Zip Code    | City State Zip   | Code        |
|   |   | How long employed there?  |                        |                   |                 |             |  |             |
| Part 2: Giv                                     | e Details About N                             | Monthly Income  |                        |                   |                 |             |  |             |
| spouse unles<br>If you or your                  | s you are separated.                          | e more than one employer  | •                      |                   |                 | •           | write \$0 in the space. Include your r   |             |
|   |   | ary, and commissions (before, calculate what the monthly          |                        | 2.                | For De          | \$0.00      | For Debtor 2 or non-filing spouse  |             |
| 3. Estimate                                     | e and list monthly ove                        | rtime pay.  |                        | 3.                |                 | + \$0.00    |  |             |
| 4. Calcula                                      | te gross income. Add li                       | ine 2 + line 3.   |                        | 4.                |                 | \$0.00      |  |             |

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| Debtor 1Melissa First Name Middle Name  | Evans<br>Last Name       | Case number (ii<br>known)   | f                                 |                         |
|---|--------------------------|-----------------------------|-----------------------------------|-------------------------|
| . Hot hand  |                          | For Debtor 1                | For Debtor 2 or non-filing spouse |                         |
| Copy line 4 here  | <b>→</b> 4.              | \$0.00                      |                                   |                         |
| 5. List all payroll deductions:   |                          |                             |                                   |                         |
| 5a. Tax, Medicare, and Social Security deductions   | 5a.                      | \$0.00                      |                                   |                         |
| 5b. Mandatory contributions for retirement plans  | 5b.                      | \$0.00                      |                                   |                         |
| 5c. Voluntary contributions for retirement plans  | 5c.                      | \$0.00                      |                                   |                         |
| 5d. Required repayments of retirement fund loans  | 5d.                      | \$0.00                      |                                   |                         |
| 5e. Insurance   | 5e.                      | \$0.00                      |                                   |                         |
| 5f. Domestic support obligations  | 5f.                      | \$0.00                      |                                   |                         |
| 5g. <b>Union dues</b>   | 5g.                      | \$0.00                      |                                   |                         |
| 5h. Other deductions. Specify:  | 5h. +                    | \$0.00 +                    |                                   |                         |
| 6. Add the payroll deductions. Add lines $5a+5b+5c+5d+5e+5h$ .  | +5f + 5g 6.              | \$0.00                      |                                   |                         |
| 7. Calculate total monthly take-home pay. Subtract line 6 from I  | line 4. 7.               | \$0.00                      |                                   |                         |
| 8. List all other income regularly received:  |                          |                             |                                   |                         |
| <ul> <li>8a. Net income from rental property and from operating a<br/>business, profession, or farm</li> <li>Attach a statement for each property and business showing<br/>gross receipts, ordinary and necessary business expenses, a</li> </ul>                     |                          | 04.400.00                   |                                   |                         |
| the total monthly net income.   | 8a                       | \$1,400.00                  |                                   |                         |
| 8b. Interest and dividends  | 8b.                      | \$0.00                      |                                   |                         |
| 8c. Family support payments that you, a non-filing spouse, dependent regularly receive  |                          |                             |                                   |                         |
| Include alimony, spousal support, child support, maintenand divorce settlement, and property settlement.  | ce,<br>8c                | \$0.00                      |                                   |                         |
| 8d. Unemployment compensation   | 8d.                      | \$0.00                      |                                   |                         |
| 8e. Social Security   | 8e.                      | \$0.00                      |                                   |                         |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (bene under the Supplemental Nutrition Assistance Program) or housing subsidies Specify: |                          |                             |                                   |                         |
| Food Assistance Programs Income   | 8f                       | \$200.00                    |                                   |                         |
| 8g. Pension or retirement income  | 8g.                      | \$0.00                      |                                   |                         |
| 8h. <b>Other monthly income.</b> Specify: 2017 Anticipated tax refund pro-rated   | 8h. + _                  | \$416.00 +                  |                                   |                         |
| 9. <b>Add all other income</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f +8   | g + 8h. 9.               | \$2,016.00                  |                                   |                         |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing   | 10.<br>spouse            | \$2,016.00 +                | =                                 | \$2,016.00              |
| 11. State all other regular contributions to the expenses that y<br>Include contributions from an unmarried partner, members of your<br>friends or relatives. Do not include any amounts already included in lines 2-10 or an   | our household, your d    | ependents, your roommat     | ,                                 |                         |
| Specify:  | iodinio tilut ale not av | andoro to pay experises its | 11.                               | + \$0.00                |
|   |                          |                             |                                   | Ψσ.σσ                   |
| 12. <b>Add the amount in the last column of line 10 to the amoun</b> Write that amount on the <i>Summary of Schedules and Statistical</i>   |                          |                             |                                   | \$2,016.00              |
|   |                          |                             |                                   | Combined monthly income |
| 13. Do you expect an increase or decrease within the year after No.   | er you file this form?   | ·                           |                                   |                         |
| Yes. Explain:   |                          |                             |                                   |                         |

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| Debtor 1Melissa                       |                     | Evan           | S            |              | Case number (if |      |
|---------------------------------------|---------------------|----------------|--------------|--------------|-----------------|------|
| First Name                            | Middle Name         | Last I         | Name         |              | known)          |      |
| Official Form 106I. Additi            | onal page.          |                |              |              |                 |      |
| 8a.Net income from rental property    | and from operating  | a business, pr | ofession, or | farm         |                 |      |
| 8a.1 Business and Self Employmen      | nt                  | Debtor 1       | Debtor 2     |              |                 |      |
| Gross receipts (before all deduction  | ns)                 | \$1,400.00     |              |              |                 |      |
| Ordinary and necessary operating      | expenses            | -\$0.00        |              |              |                 |      |
| Net monthly income from a busine farm | ess, profession, or | \$1,400.00     |              | Copy<br>here | \$1,400.00      | <br> |

Official Form 106l Schedule I: Your Income page 3

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|                                  |                                       | Docu   | iment Page 39 of 77  | •                             |   |             |
|----------------------------------|---------------------------------------|--|--|-------------------------------|---|-------------|
| Fill in this info                | rmation to identif                    | y your case:   |  |                               |   |             |
| Debtor 1                         | Melissa                               |  | Evans  |                               |   |             |
| Debtor 2                         | First Name                            | Middle Name  | Last Name  | Check if this is:             |   |             |
| (Spouse, if filing)              | First Name                            | Middle Name  | Last Name  | An amended fili               | ng                                      |             |
| United States I                  | Bankruptcy Court                      | for the: Northern [  | District of Illinois   |                               | howing post-petit<br>the following date |             |
| Case number                      |                                       |  | (State)  | охроноос ас от                | and rollowing date                      |             |
| (If known)                       |                                       |  | _  | MM / DD / YYY                 | Y                                       |             |
| Official                         | Form 10                               | 6J   |  |                               |   |             |
| Schedul                          | e J: Your                             | Expenses   |  |                               |   | 12/15       |
| information. If (if known). Ans  |                                       |  |  |                               |   | umber       |
| 1. Is this a jo                  |                                       | uscrioiu   |  |                               |   |             |
|                                  | o to line 2                           |  |  |                               |   |             |
|                                  |                                       | e in a separate household?   |  |                               |   |             |
|                                  | □ No                                  |  |  |                               |   |             |
|                                  |                                       | must file Official Forms 106J-2, Expen   | nses for Separate Household of Debt                          | or 2.                         |   |             |
| 2. Do you hav                    | /e dependents?                        | No   |  |                               |   |             |
| Do not list I<br>Debtor 2.       | Debtor 1 and                          | Yes. Fill out this information for each dependent                                  | Dependent's relationship to<br>Debtor 1 or Debtor 2<br>Child | Dependent's<br>age<br>6 years | Does depend with you?  No.              | ent live    |
|                                  |                                       |  |  |                               | ✓ Yes.                                  |             |
| expenses of                      | penses include<br>of people other     | <b>✓</b> No  |  |                               |   |             |
| than<br>yourself an<br>dependent | •                                     | Yes  |  |                               |   |             |
| Part 2: Esti                     | mate Your On                          | going Monthly Expenses   |  |                               |   |             |
|                                  | _                                     | your bankruptcy filing date unless y   | ou are using this form as a suppl                            | ement in a Chapter 1          | 3 case to report                        | t           |
| -                                | of a date after th                    | e bankruptcy is filed. If this is a sup  |  | · ·                           | -                                       |             |
|                                  | •                                     | h non-cash government assistance i<br>luded it on Sc <i>hedule I: Your Incom</i> e | -  |                               | Yo                                      | ur expenses |
|                                  | I or home owner<br>or the ground or k | ship expenses for your residence. In ot. 4.  | clude first mortgage payments and                            |                               | 4.                                      | \$650.00    |
| If not inc                       | luded in line 4:                      |  |  |                               |   |             |
| 4a. Real e                       | estate taxes                          |  |  |                               | 4a                                      | \$0.00      |

\$0.00

\$0.00

\$0.00

4b.

4c.

4d.

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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 Debtor 1 First Name
 Melissa First Name
 Evans Last Name
 Case number (if known)

| First Name   | Middle Name                   | Last Name                                   |     |               |
|--|-------------------------------|---|-----|---------------|
|  |                               |   |     | Your expenses |
| 5. Additional mortgage payments fo                                       | r your residence, such as     | s home equity loans                         | 5.  | \$0.00        |
| 6. Utilities:  |                               |   |     |               |
| 6a. Electricity, heat, natural gas                                       |                               |   | 6a. | \$85.00       |
| 6b. Water, sewer, garbage collection                                     | า                             |   | 6b. | \$0.00        |
| 6c. Telephone, cell phone, Internet,                                     | satellite, and cable services | s   | 6c. | \$50.00       |
| 6d. Other. Specify:  |                               |   | 6d  | \$0.00        |
| $7.\ \textbf{Food and housekeeping supplies}$                            |                               |   | 7.  | \$500.00      |
| 8. Childcare and children's education                                    | on costs                      |   | 8.  | \$0.00        |
| 9. Clothing, laundry, and dry cleaning                                   | ng                            |   | 9.  | \$16.00       |
| 10. Personal care products and serv                                      | vices                         |   | 10. | \$20.00       |
| 11. Medical and dental expenses  |                               |   | 11. | \$0.00        |
| 12. <b>Transportation.</b> Include gas, mair Do not include car payments | ntenance, bus or train fare.  |   | 12. | \$375.00      |
| 13. Entertainment, clubs, recreation                                     | n, newspapers, magazine       | es, and books                               | 13. | \$0.00        |
| 14. Charitable contributions and rel                                     | igious donations              |   | 14. | \$0.00        |
| 15. <b>Insurance.</b> Do not include insurance deducted                  | from your pay or included     | in lines 4 or 20.                           |     |               |
| 15a. Life insurance  |                               |   | 15a | \$0.00        |
| 15b. Health insurance  |                               |   | 15b | \$0.00        |
| 15c. Vehicle insurance   |                               |   | 15c | \$120.00      |
| 15d. Other insurance. Specify:   |                               |   | 15d | \$0.00        |
| 16. <b>Taxes.</b> Do not include taxes deduc                             | cted from your pay or inclu-  | ded in lines 4 or 20.                       |     |               |
| Specify:   |                               |   | 16  | \$0.00        |
| 17. Installment or lease payments:                                       |                               |   | 10  |               |
| 17a. Car payments for Vehicle 1  |                               |   | 17a | \$0.00        |
| 17b. Car payments for Vehicle 2  |                               |   | 17b | \$0.00        |
| 17c. Other. Specify:   |                               |   | 17c | \$0.00        |
| 17d. Other. Specify:   |                               |   | 17d | \$0.00        |
| 18. Your payments of alimony, main                                       | tenance, and support th       | at you did not report as deducted from      |     | \$0.00        |
| your pay on line 5, Schedule I, Y  | our Income (Official For      | m 106I).                                    | 18. |               |
| 19.Other payments you make to sup  | pport others who do not I     | live with you.                              |     |               |
| Specify:   |                               |   | 19. | \$0.00        |
|  | t included in lines 4 or 5    | of this form or on Schedule I: Your Income. | 22  | **            |
| 20a. Mortgages on other property   |                               |   | 20a | \$0.00        |
| 20b. Real estate taxes.  | itarla inquirance             |   | 20b | \$0.00        |
| 20c. Property, homeowner's, or ren                                       |                               |   | 20c | \$0.00        |
| 20d. Maintenance, repair, and upke                                       |                               |   | 20d | \$0.00        |
| 20e. Homeowner's association or c  | condominium dues              |   | 20e | \$0.00        |

Official Form 106J Schedule J: Your Expenses page 2

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| Debtor 1 Melissa                |   | Evans       | Case number (if known) |     |            |
|---------------------------------|---|-------------|------------------------|-----|------------|
| First Name                      | Middle Name   | Last Name   |                        |     |            |
| 21.Other. Specify:              |   |             |                        | 21  | \$0.00     |
|                                 |   |             |                        |     |            |
| 22. Calculate your m            | · ·   |             |                        |     | \$1,816.00 |
| 22a. Add lines 4 th             | 0   |             |                        |     | \$0.00     |
| . ,                             | (monthly expenses for Debtor 2), if any   | ,           |                        |     | \$1,816.00 |
| 22c. Add line 22a a             | and 22b. The result is your monthly exp   | penses.     | :                      | 22. |            |
| 23. Calculate your mo           | onthly net income.  |             |                        |     |            |
| 23a. Copy line 12 (             | your combined monthly income) from  | Schedule I. | 2                      | 23a | \$2,016.00 |
| 23b. Copy your mo               | onthly expenses from line 22 above.   |             | 2                      | 23b | \$1,816.00 |
| 23c. Subtract your              | monthly expenses from your monthly  | income.     |                        |     | \$200.00   |
| The result is y                 | our monthly net income.   |             | 2                      | 23c |            |
| mortgage paymer  No  Yes  Expl. | ou expect to finish paying for your car<br>at to increase or decrease because of a<br>ain here:<br>es with family |             |                        |     |            |

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| Fill in this information to identify your case: |                           |             |                              |  |  |  |  |  |
|---|---------------------------|-------------|------------------------------|--|--|--|--|--|
| Debtor 1 Melissa Evans                          |                           |             |                              |  |  |  |  |  |
|   | First Name                | Middle Name | Last Name                    |  |  |  |  |  |
| Debtor 2  |                           |             |                              |  |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                    |  |  |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |  |  |  |
| Case number (If known)                          |                           |             | (0.131.5)                    |  |  |  |  |  |

### Official Form 106Dec

### Check if this is an amended filing

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t 1: Sign Below  |   |
|-----|--|---|
|     | Did you pay or agree to pay someone who is NOT an attorney to I  | help you fill out bankruptcy forms?   |
|     | ✓ No   |   |
|     | Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|     |  |   |
|     |  |   |
|     | Under penalty of perjury, I declare that I have read the summary | and schedules filed with this declaration and   |
|     | that they are true and correct.                                  |   |
| ×   | /s/ Melissa Evans  | <b>x</b>  |
|     | Signature of Debtor 1  | Signature of Debtor 2   |
|     | Date 11/3/2017   | Date  |
|     | MM/DD/YYYY   | MM/DD/YYYY  |

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| Fill in this in                | formation to identify your                                     | case:                 |  |                       |             |          |                                   |
|--------------------------------|--|-----------------------|--|-----------------------|-------------|----------|-----------------------------------|
| Debtor 1                       | Melissa  |                       | Evans  |                       |             |          |                                   |
| D. I                           | First Name   | Middle Na             | ame Last Nam   | е                     | =           |          |                                   |
| Debtor 2<br>(Spouse, if filing | First Name   | Middle Na             | ame Last Nam   | e                     | -           |          |                                   |
| United State                   | es Bankruptcy Court for the:                                   | Northern              | District of Illino   | is                    | _           |          |                                   |
| Case numb                      | er   |                       | (State   | e)                    |             |          |                                   |
| (If known)                     |  |                       |  |                       | _           |          | Charlet William                   |
| Officia                        | l Form 107   |                       |  |                       |             |          | Check if this is a amended filing |
|                                | ent of Financia  | al Affaire fo         | r Individuale  | Eilina fo             | r Bankrı    | intov    | 04/1                              |
|                                | plete and accurate as po                                       |                       |  |                       |             | <u> </u> |                                   |
| information                    | n. If more space is need                                       | ed, attach a sepai    |  |                       |             |          |                                   |
| number (if                     | known). Answer every o   | uestion.              |  |                       |             |          |                                   |
| Part 1: G                      | ive Details About Your   | Marital Status a      | nd Where You Lived   | Before                |             |          |                                   |
| 1. What                        | is your current marital st                                     | atus?                 |  |                       |             |          |                                   |
|                                | -<br>Married   |                       |  |                       |             |          |                                   |
|                                | Not married  |                       |  |                       |             |          |                                   |
|                                |  |                       | and the second of the second o | 0                     |             |          |                                   |
|                                | ig the last 3 years, have y                                    | ou lived anywnere     | other than where you liv   | e now?                |             |          |                                   |
|                                | No<br>Vaa list all of the places v                             |                       | Do not include u   | مريا المراجع والمراجع |             |          |                                   |
| <b>∠</b> '                     | es. List all of the places y                                   | ou lived in the last. | s years. Do not include v  | vriere you live       | now.        |          |                                   |
| Г                              | Debtor 1:  |                       | Dates Debtor 1 lived   | Debtor 2:             |             |          | Dates Debtor 2 lived              |
|                                |  |                       | there  | 20010. 2.             |             |          | there                             |
|                                |  |                       |  | Same                  | as Debtor 1 |          | Same as Debtor 1                  |
| ,                              | 391 Buffalo Ave.   |                       |  |                       |             |          |                                   |
| _                              | Number Street  |                       | From <u>01/2001</u>  | Number St             | reet        |          | From                              |
| _                              |  |                       | To <u>11/2016</u>  |                       |             |          | То                                |
| _                              | Calumet City Illinois City State                               | 60409<br>Zip Code     |  | City                  | State       | Zip Code |                                   |
| _                              | only only  | p                     |  |                       | as Debtor 1 | p        | Same as Debtor 1                  |
|                                |  |                       |  |                       |             |          |                                   |
| 1                              | Number Street  | <u> </u>              | From   | Number St             | reet        |          | From                              |
| -                              |  |                       | To   |                       |             |          | To                                |
| <u> </u>                       | City State   | Zip Code              |  | City                  | State       | Zin Codo |                                   |
|                                | ony State  | Zip Code              |  | Oity                  | State       | Zip Code |                                   |
|                                | the last 8 years, did you e<br>ritories include Arizona, Calif |                       |  |                       |             |          |                                   |
| ✓ No                           | )  |                       |  |                       |             |          |                                   |
|                                | es. Make sure you fill out S                                   | schedule H: Your C    | odebtors (Official Form  | 106H).                |             |          |                                   |

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Debtor 1 Melissa Evans Case number (if known) Middle Name First Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income Sources of income **Gross income Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) ✓ Wages, Wages, \$7675.00 From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, \$17000.00 Wages, For last calendar year: commissions, commissions, 2016 (January 1 to December 31, bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, **✓** \$13000.00 For the calendar year before that: commissions. commissions. (January 1 to December 31, 2015) bonuses, tips bonuses, tips Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from Sources of income Gross income from Describe below. each source Describe below. each source (before deductions (before deductions and exclusions) and exclusions) EST YTD FOOD ASSIST \$1,600.00 From January 1 of current year until EST YTD the date you filed for bankruptcy: UNEMPLOYMENT \$2,740.00 **EST GROSS FOOD** For last calendar year: **ASSIST** \$3,000.00 (January 1 to December 31, 2016 \$0.00 **EST GROSS FOOD** For the calendar year before that: **ASSIST** \$2,600.00 (January 1 to December 31, 2015 \$0.00

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Debtor 1 Melissa Evans \_ Case number (if known) Middle Name First Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or

vendors
Other

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| Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives, any general partners; relatives of any general partners; patrnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, rickding one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.  No  No  No State Zip Code  Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?  Insider's Name  Number Street  Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?  No  Yes. List all payments that benefited an insider.  Dates of payment and along the payment and payments or transfer any property on account of a debt that benefited an insider?  Insider's Name  Number Street  City State Zip Code  Insider's Name  Number Street  City State Zip Code  | tor '              | 1 Melissa  |  |   | Eva                                    | ins  | Case number                                 | (if known)  |
|--|--------------------|--|--|---|--|--|---|---|
| Insider include your relatives; any general partners; relatives of any general partners; partnerships of which you are an egneral partner; corporations of which you are an office, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and altimony.  No Yes. List all payments to an insider.    Dates of payment   Dates of p |                    | First Name   |  | Middle Name   | Las                                    | t Name                                       | <del>-</del>                                |   |
| Yes. List all payments to an insider.    Dates of payment   Dates of payments or transfer any property on account of a debt that benefited an insider.    Ves. List all payments that benefited an insider.  | Insi<br>cor<br>age | iders include your porations of which ent, including one t | relatives; an<br>you are and<br>for a busing | ny general partners<br>n officer, director, p<br>ess you operate as | ; relatives of any operson in control, | general partners; part<br>or owner of 20% or | nerships of which y<br>more of their voting | ou are a general partner;<br>g securities; and any managing |
| Dates of payment   Total amount paid   Amount you still owe   Reason for this payment  | <b>✓</b>           |  |  |   |  |  |   |   |
| Number Street    City   State   Zip Code   | Ш                  | Yes. List all payl   | ments to a                                   | in insider.   |  |  |   | Reason for this payment                                     |
| City   State   Zip Code  |                    | Insider's Name   |  |   |  |  |   |   |
| Insider's Name Number Street  City State Zip Code  Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.  No Yes. List all payments that benefited an insider.  Dates of payment paid Still owe Reason for this payment include creditor's name  Insider's Name  Number Street  City State Zip Code  Insider's Name  Number Street   |                    | Number Street  |  |   |  |  |   |   |
| Number Street  City State Zip Code  Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?  Insider's Name  Number Street  Number Street  Number Street   |                    | City   | State  | Zip Code  |  |  |   |   |
| Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?  Insider's Name  Number Street    City   State   Zip Code  |                    | Insider's Name   |  |   |  |  |   |   |
| Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.  No Yes. List all payments that benefited an insider.  Dates of payment paid Amount you still owe Include creditor's name  Insider's Name  Number Street  Insider's Name  Number Street  |                    | Number Street  |  |   |  |  |   |   |
| Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?  Include payments on debts guaranteed or cosigned by an insider.  No Yes. List all payments that benefited an insider.  Dates of payment paid  Total amount you still owe Insider's Name  Number Street  City State Zip Code  Insider's Name  Number Street  |                    | City   | State  | Zip Code  |  |  |   |   |
| Number Street  City State Zip Code  Insider's Name  Number Street  |                    | ude payments on  | _  | _   | der.                                   |  | -   |   |
| City State Zip Code  Insider's Name  Number Street   |                    | Insider's Name   |  |   |  |  |   |   |
| Insider's Name  Number Street  |                    | Number Street  |  |   |  |  |   |   |
| Number Street  |                    | City   | State  | Zip Code  |  |  |   |   |
|  |                    | Insider's Name   |  |   |  |  |   |   |
| City State Zin Code  |                    | Number Street  |  |   |  |  |   |   |
|  |                    |  |  |   |  |  |   |   |

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Debtor 1 Melissa Evans Case number (if known) Middle Name First Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No ◪ Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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| Debt | tor 1 Melissa   | Evans                         | Case number (if known)                         |                     |
|------|---|-------------------------------|--|---------------------|
|      | First Name Middle Name  | Last Name                     |  |                     |
| 11.  | Within 90 days before you filed for bankruptcy, dic<br>accounts or refuse to make a payment because you |                               | oank or financial institution, set off any amo | unts from your      |
|      | ✓ No  Yes. Fill in the details.   |                               |  |                     |
|      | _   | Describe the action th        | e creditor took  Date action was taken         | Amount              |
|      | Creditor's Name   |                               |  |                     |
|      | Number Street   |                               |  |                     |
|      |   | Last 4 digits of account      | number: XXXX-                                  |                     |
|      | City State Zip Code   |                               |  |                     |
| 12.  | Within 1 year before you filed for bankruptcy, was appointed receiver, a custodian, or another official |                               | possession of an assignee for the benefit of   | creditors, a court- |
|      | ✓ No ✓ Yes  |                               |  |                     |
| Part | 5: List Certain Gifts and Contributions   |                               |  |                     |
| 13.  | Within 2 years before you filed for bankruptcy, did   | d you give any gifts with a t | otal value of more than \$600 per person?      |                     |
|      | ✓ No  Yes. Fill in the details for each gift.   |                               |  |                     |
|      | Gifts with a total value of more than \$600 per person  | Describe the gifts            | Dates you<br>gave the<br>gifts                 | Value               |
|      | Person to Whom You Gave the Gift  | -                             |  |                     |
|      |   | -                             |  |                     |
|      | Number Street   | -                             |  |                     |
|      | City State Zip Code Person's relationship to you  |                               |  |                     |
|      | Person to Whom You Gave the Gift  | -                             |  |                     |
|      | Number Street   | -                             |  |                     |
|      | City State Zip Code Person's relationship to you  | -                             |  |                     |

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|          | Melissa   | Evans  | Case number (if know         | n)                                |                     |
|----------|---|--|------------------------------|-----------------------------------|---------------------|
|          | First Name Middle Name  | Last Name  |                              | •                                 |                     |
|          |   |  |                              |                                   |                     |
| . Wi     | thin 2 years before you filed for bankruptcy  | y, did you give any gifts or contribu  | tions with a total value o   | of more than \$600                | to any charity?     |
| <b>✓</b> | No  |  |                              |                                   |                     |
| Ě        | l<br>Yes. Fill in the details for each gift or conti  | ribution   |                              |                                   |                     |
|          | -   |  |                              |                                   |                     |
|          | Gifts or contributions to charities   | Describe what you contri   | outed                        | Date you                          | Value               |
|          | that total more than \$600  |  |                              | contributed                       |                     |
|          |   |  |                              |                                   |                     |
|          | Charity's Name  |  |                              |                                   |                     |
|          |   |  |                              |                                   |                     |
|          |   |  |                              |                                   |                     |
|          | Number Street   |  |                              |                                   |                     |
|          |   |  |                              |                                   |                     |
|          | City State Zip Code   |  |                              |                                   |                     |
| ٠        | List Certain Losses   |  |                              |                                   |                     |
| Ŭ.       |   |  |                              |                                   |                     |
|          | Yes. Fill in the details.  Describe the property you lost and how the loss occurred   | Describe any insurance of Include the amount that ins  |                              | Date of your loss                 | Value of property   |
|          |   | pending insurance claims of  |                              |                                   |                     |
|          |   | A/B: Property.   |                              |                                   |                     |
|          |   |  |                              |                                   | -                   |
|          | List Certain Payments or Transfers  |  |                              |                                   |                     |
| abo      | thin 1 year before you filed for bankruptcy,<br>but seeking bankruptcy or preparing a ban<br>lude any attorneys, bankruptcy petition prepar   | kruptcy petition?  |                              |                                   | anyone you consulte |
| abo      | out seeking bankruptcy or preparing a ban   | kruptcy petition?  |                              |                                   | anyone you consulte |
| abo      | out seeking bankruptcy or preparing a ban<br>lude any attorneys, bankruptcy petition prepar   | kruptcy petition?  |                              |                                   | anyone you consulte |
| abo      | out seeking bankruptcy or preparing a ban<br>lude any attorneys, bankruptcy petition prepar<br>No   | kruptcy petition?  | services required in your ba | Date payment or transfer          | Amount of payment   |
| abo      | out seeking bankruptcy or preparing a ban<br>lude any attorneys, bankruptcy petition prepar<br>No<br>Yes. Fill in the details.  | Pers, or credit counseling agencies for some process of the counseling agencies agencies for some process of the counseling agencies agencies for some process of the counseling agencies agencies agencies agencies for the counseling agencies agenci | services required in your ba | Date payment or transfer was made | Amount of payment   |
| abo      | but seeking bankruptcy or preparing a ban lude any attorneys, bankruptcy petition prepare No Yes. Fill in the details.  Semrad Law Firm   | kruptcy petition? ers, or credit counseling agencies for s  Description and value of a   | services required in your ba | Date payment or transfer          | Amount of           |
| abo      | but seeking bankruptcy or preparing a ban lude any attorneys, bankruptcy petition prepare No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid   | Pers, or credit counseling agencies for some process of the counseling agencies agencies for some process of the counseling agencies agencies for some process of the counseling agencies agencies agencies agencies for the counseling agencies agenci | services required in your ba | Date payment or transfer was made | Amount of payment   |
| abo      | but seeking bankruptcy or preparing a ban lude any attorneys, bankruptcy petition prepare No Yes. Fill in the details.  Semrad Law Firm   | Pers, or credit counseling agencies for some process of the counseling agencies agencies for some process of the counseling agencies agencies for some process of the counseling agencies agencies agencies agencies for the counseling agencies agenci | services required in your ba | Date payment or transfer was made | Amount of payment   |
| abo      | but seeking bankruptcy or preparing a ban lude any attorneys, bankruptcy petition prepared No  Yes. Fill in the details.  Semrad Law Firm  Person Who Was Paid  10 N. Martingale Road  Number Street  | Pers, or credit counseling agencies for some process of the counseling agencies agencies for some process of the counseling agencies agencies for some process of the counseling agencies agencies agencies agencies for the counseling agencies agenci | services required in your ba | Date payment or transfer was made | Amount of payment   |
| abo      | Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400   | Pers, or credit counseling agencies for some process of the counseling agencies agencies for some process of the counseling agencies agencies for some process of the counseling agencies agencies agencies agencies for the counseling agencies agenci | services required in your ba | Date payment or transfer was made | Amount of payment   |
| abo      | Schaumburg Illinois 60173   | Description and value of a transferred  Attorney's Fee - 400.00  | services required in your ba | Date payment or transfer was made | Amount of payment   |
| abo      | Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400   | Description and value of a transferred  Attorney's Fee - 400.00  | services required in your ba | Date payment or transfer was made | Amount of payment   |
| abo      | Schaumburg Illinois 60173   | Description and value of a transferred  Attorney's Fee - 400.00  | services required in your ba | Date payment or transfer was made | Amount of payment   |
| abo      | Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illinois 60173 City State Zip Code   | Description and value of a transferred  Attorney's Fee - 400.00  | services required in your ba | Date payment or transfer was made | Amount of payment   |
| abo      | Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illinois 60173 City State Zip Code   | Description and value of a transferred  Attorney's Fee - 400.00  | services required in your ba | Date payment or transfer was made | Amount of payment   |
| abo      | Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illinois 60173 City State Zip Code Email or website address  Person Who Made the Payment, if Not You   | Description and value of a transferred  Attorney's Fee - 400.00  | services required in your ba | Date payment or transfer was made | Amount of payment   |
| abo      | Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illinois 60173 City State Zip Code   | Description and value of a transferred  Attorney's Fee - 400.00  | services required in your ba | Date payment or transfer was made | Amount of payment   |
| abo      | Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illinois 60173 City State Zip Code Email or website address Person Who Made the Payment, if Not You Person Who Was Paid  | Description and value of a transferred  Attorney's Fee - 400.00  | services required in your ba | Date payment or transfer was made | Amount of payment   |
| abo      | Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illinois 60173 City State Zip Code Email or website address  Person Who Made the Payment, if Not You   | Description and value of a transferred  Attorney's Fee - 400.00  | services required in your ba | Date payment or transfer was made | Amount of payment   |
| abo      | Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illinois 60173 City State Zip Code Email or website address Person Who Made the Payment, if Not You Person Who Was Paid  | Description and value of a transferred  Attorney's Fee - 400.00  | services required in your ba | Date payment or transfer was made | Amount of payment   |
| abo      | Semrad Law Firm Person Who Was Paid 10 No Number Street Suite 400 Schaumburg Illinois 60173 City State Zip Code Email or website address Person Who Was Paid Number Street Suite 400 Schaumburg Illinois 60173 City State Zip Code Email or website address                     | Description and value of a transferred  Attorney's Fee - 400.00  | services required in your ba | Date payment or transfer was made | Amount of payment   |
| abo      | Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illinois 60173 City State Zip Code Email or website address Person Who Made the Payment, if Not You Person Who Was Paid  | Description and value of a transferred  Attorney's Fee - 400.00  | services required in your ba | Date payment or transfer was made | Amount of payment   |
| abo      | Semrad Law Firm Person Who Was Paid 10 No Number Street Suite 400 Schaumburg Illinois 60173 City State Zip Code Email or website address Person Who Was Paid Number Street Suite 400 Schaumburg Illinois 60173 City State Zip Code Email or website address City State Zip Code | Description and value of a transferred  Attorney's Fee - 400.00  | services required in your ba | Date payment or transfer was made | Amount of payment   |
| abo      | Semrad Law Firm Person Who Was Paid 10 No Number Street Suite 400 Schaumburg Illinois 60173 City State Zip Code Email or website address Person Who Was Paid Number Street Suite 400 Schaumburg Illinois 60173 City State Zip Code Email or website address                     | Description and value of a transferred  Attorney's Fee - 400.00  | services required in your ba | Date payment or transfer was made | Amount of payment   |

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| Deb |             | Melissa  |  | Evans  | Case n   | number <i>(if known)</i> |  |          |                              |
|-----|-------------|--|--|--|----------|--------------------------|--|----------|------------------------------|
|     |             | First Name   | Middle Name  | Last Name                                      |          |                          |  |          |                              |
| 17. | help        | hin 1 year before you filed f<br>p you deal with your credito<br>not include any payment or tr | ors or to make paymer                                |  | ehalf p  | oay or transfer          | any property to a                          | nyone v  | who promised to              |
|     |             | No<br>Yes. Fill in the details.  |  |  |          |                          |  |          |                              |
|     | _           |  |  | Description and value of any pr<br>transferred | operty   | 1                        | Date<br>payment or<br>transfer was<br>made | Amou     | nt of payment                |
|     |             | Person Who Was Paid  |  |  |          |                          |  |          |                              |
|     |             | Number Street  |  |  |          |                          |  |          |                              |
|     |             | City State   | Zip Code   |  |          |                          |  |          |                              |
| 18. | the<br>Incl | ordinary course of your busude both outright transfers an transfers that you have alread       | siness or financial affa<br>ad transfers made as sec | curity (such as the granting of a secu         | -        |                          |  |          |                              |
|     |             | Yes. Fill in the details.  |  | Description and value of proper                | rtv      | Describe any             | nroperty or                                |          | Date                         |
|     |             |  |  | transferred                                    |          |                          | ceived or debts p                          | aid      | transfer was made            |
|     |             | Person Who Received Trans  | fer  |  |          |                          |  |          |                              |
|     |             | Number Street  |  |  |          |                          |  |          |                              |
|     |             | City State<br>Person's relationship to you   | Zip Code   |  |          |                          |  |          |                              |
|     |             | Person Who Received Trans  | fer  |  |          |                          |  |          |                              |
|     |             | Number Street  |  |  |          |                          |  |          |                              |
|     |             | City State<br>Person's relationship to you   | Zip Code   |  |          |                          |  |          |                              |
| 19. | ben         | hin 10 years before you filed<br>eficiary?<br>ese are often called asset-prot                  |  | ou transfer any property to a self             | f-settle | ed trust or simi         | lar device of whi                          | ch you a | are a                        |
|     | <b>✓</b>    | No<br>Yes. Fill in the details.  |  |  |          |                          |  |          |                              |
|     | Ц           | . ss. i iii iii alo dotaiis.   |  | Description and value of the p                 | ropert   | ty transferred           |  |          | Date<br>transfer was<br>made |
|     |             | Name of trust  |  |  |          |                          |  |          |                              |

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Debtor 1 Melissa Evans Case number (if known) Middle Name First Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was before number instrument closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Street Number City State Zip Code City State Zip Code

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Evans Debtor 1 Melissa Case number (if known) Middle Name First Name Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code City State Zip Code Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street NumberStreet City State Zip Code City State Zip Code

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| Debto  |      | Melissa                 |                 |                    | Evans                       | Case no                    | umber <i>(if l</i> | (nown)       |                                      |                    |
|--------|------|-------------------------|-----------------|--------------------|-----------------------------|----------------------------|--------------------|--------------|--------------------------------------|--------------------|
|        |      | First Name              |                 | Middle Name        | Last Name                   |                            |                    |              |                                      |                    |
|        |      | e you been a part<br>No | y in any judi   | cial or administ   | rative proceeding unde      | r any environmental        | law? Inc           | lude settlem | ents and orde                        | rs.                |
| L<br>F | 싘    | Yes. Fill in the de     | taile           |                    |                             |                            |                    |              |                                      |                    |
| L      |      | res. rill ill tile de   | iaiis.          |                    | 0                           |                            | Nat                | £ 4 h        |                                      | Otatus of the      |
|        |      |                         |                 |                    | Court or agency             |                            | Nature o           | f the case   |                                      | Status of the case |
|        |      | Case title              |                 |                    |                             |                            |                    |              |                                      |                    |
|        |      |                         |                 |                    | Court Name                  |                            |                    |              |                                      | Pending            |
|        |      |                         |                 |                    |                             |                            |                    |              |                                      | On appeal          |
|        |      | Case number             |                 |                    | NumberStreet                |                            |                    |              |                                      | Concluded          |
|        |      |                         |                 |                    | City State                  | Zip Code                   |                    |              |                                      | Concluded          |
|        |      | 1                       |                 |                    |                             |                            |                    |              |                                      |                    |
| Part 1 | 1:   | Give Details Al         | bout Your       | Business or C      | onnections to Any Bu        | usiness                    |                    |              |                                      |                    |
| 27. V  | Witl | hin 4 years before      | you filed for   | bankruptcy, di     | d you own a business o      | r have any of the foll     | owing co           | nnections to | any business                         | ?                  |
|        |      | A sole propri           | ietor or self-  | employed in a tr   | ade, profession, or othe    | er activity, either full-t | time or p          | art-time     |                                      |                    |
|        |      | A member of             | f a limited lia | bility company (   | LLC) or limited liability p | artnership (LLP)           |                    |              |                                      |                    |
|        |      | A partner in            | a partnershi    | р                  |                             |                            |                    |              |                                      |                    |
|        |      | An officer, di          | rector, or m    | anaging executi    | ve of a corporation         |                            |                    |              |                                      |                    |
|        |      | An owner of             | at least 5%     | of the voting or   | equity securities of a cor  | rporation                  |                    |              |                                      |                    |
|        |      | No None of the          | ahaya analis    | oo Co to Dort 10   | 2                           |                            |                    |              |                                      |                    |
|        | 싘    | No. None of the a       |                 |                    |                             | husinoss                   |                    |              |                                      |                    |
| L      |      | res. Check all th       | атарріу авс     | ve and illi in the | e details below for each    |                            |                    |              |                                      |                    |
|        |      |                         |                 |                    | Describe the nat            | ture of the business       |                    |              | lentification ทเ<br>:ial Security ทเ |                    |
|        |      |                         |                 |                    |                             |                            |                    | EIN:         |                                      |                    |
|        |      | Business Name           |                 |                    |                             |                            |                    | EIIN.        |                                      |                    |
|        |      | Number Street           |                 |                    |                             |                            |                    | Datas busin  | ness existed                         |                    |
|        |      | Number Street           |                 |                    | Name of account             | tant or bookkeeper         |                    | Dates Dusin  | ess existed                          |                    |
|        |      | City                    | State           | Zip Code           | _                           |                            |                    | From         | То                                   |                    |
|        |      | -                       |                 | •                  |                             |                            |                    |              |                                      |                    |
|        |      |                         |                 |                    |                             |                            |                    |              |                                      |                    |
|        |      |                         |                 |                    |                             |                            |                    |              |                                      |                    |
|        |      |                         |                 |                    | Describe the nat            | ture of the business       |                    |              | lentification ทเ<br>:ial Security ทเ |                    |
|        |      |                         |                 |                    |                             |                            |                    |              | iai occurry ne                       | amber of trive.    |
|        |      | Business Name           |                 |                    |                             |                            |                    | EIN:         |                                      |                    |
|        |      |                         |                 |                    |                             |                            |                    | B. I I       |                                      |                    |
|        |      | Number Street           |                 |                    | Name of account             | tant or bookkeeper         |                    | Dates busin  | ness existed                         |                    |
|        |      | City                    | State           | Zip Code           | _                           |                            |                    | From         | То                                   |                    |
|        |      | ,                       |                 | p                  |                             |                            |                    | 110111       | 10                                   | <del></del>        |
|        |      |                         |                 |                    |                             |                            |                    |              |                                      |                    |
|        |      |                         |                 |                    |                             |                            |                    |              |                                      |                    |
|        |      |                         |                 |                    | Describe the nat            | ture of the business       |                    |              | lentification nu                     |                    |
|        |      |                         |                 |                    |                             |                            |                    | include Soc  | ial Security nu                      | imber or IIIN.     |
|        |      | Business Name           |                 |                    |                             |                            |                    | EIN:         |                                      |                    |
|        |      |                         |                 |                    |                             |                            |                    |              |                                      |                    |
|        |      | Number Street           |                 |                    |                             |                            |                    | Dates busin  | ess existed                          |                    |
|        |      | 0::                     |                 |                    | Name of account             | tant or bookkeeper         |                    |              |                                      |                    |
|        |      | City                    | State           | Zip Code           |                             |                            |                    | From         | To                                   |                    |
|        |      |                         |                 |                    |                             |                            |                    |              |                                      |                    |
|        |      |                         |                 |                    |                             |                            |                    |              |                                      |                    |

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| Deb  | tor 1    | Melissa  |                 |                    | Evans                         | Case number (if known)  |
|------|----------|--|-----------------|--------------------|-------------------------------|---|
|      |          | First Name   | N               | iddle Name         | Last Name                     |   |
| 28.  |          | hin 2 years before<br>ditors, or other pa<br>No<br>Yes. Fill in the de | rties.          | ankruptcy, did yo  | u give a financial stateme    | nt to anyone about your business? Include all financial institutions,   |
|      | _        |  |                 |                    | Date issued                   |   |
|      |          |  |                 |                    | Bato locada                   |   |
|      |          | Name   |                 |                    | MM/DD/YYYY                    |   |
|      |          |  |                 |                    | _                             |   |
|      |          | Number Street  |                 |                    |                               |   |
|      |          | -  |                 |                    | _                             |   |
|      |          | City   | State           | Zip Code           |                               |   |
| Part | t 12:    | Sign Below   |                 |                    |                               |   |
| 1    | true a   | and correct. I undokruptcy case can                                    | erstand that m  | aking a false stat | tement, concealing prope      | ents, and I declare under penalty of perjury that the answers are ty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|      |          |  | ure of Debtor 1 |                    |                               | Signature of Debtor 2   |
|      |          | · ·  |                 |                    |                               | Date  |
|      |          | Date   | 11/3/2017       |                    |                               |   |
| ı    | Did yo   | ou attach additior   | nal pages to Yo | our Statement of   | Financial Affairs for Individ | luals Filing for Bankruptcy (Official Form 107)?  |
|      | <u> </u> | lo<br>'es  |                 |                    |                               |   |
|      |          |  |                 |                    |                               |   |
|      | Did yo   | ou pay or agree to   | pay someone     | who is not an att  | orney to help you fill out b  | ankruptcy forms?  |
| ı    | V        | lo   |                 |                    |                               |   |
| i    |          | es. Name of person   | n               |                    |                               | Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Form 119).  |

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B2030 (Form 2030) (12/15)

### **UNITED STATES BANKRUPTCY COURT**

|     |  | Northern Di               | strict of Illinois               |                                     |           |
|-----|--|---------------------------|----------------------------------|-------------------------------------|-----------|
| re_ | Melissa Evans  |                           | Case No                          |                                     |           |
|     | Debtor   |                           |                                  | (If known)                          |           |
|     |  |                           | Chapter                          | Chapter 13                          |           |
|     | DISCLOSURE OF  | COMPENSAT                 | ION OF ATTORNI                   | Y FOR DEBTOR                        |           |
| 1   | <ul> <li>Pursuant to 11 U.S.C. § 329(a) and F<br/>compensation paid to me within one<br/>rendered or to be rendered on behalf</li> </ul> | year before the filing of | the petition in bankruptcy, or a | greed to be paid to me, for service | ces       |
|     | For legal services, I have agreed to ac  | cept                      |                                  | \$                                  | 34,000.00 |
|     | Prior to the filing of this statement I h  | nave received             |                                  |                                     | \$400.00  |
|     | Balance Due  |                           |                                  |                                     | 3,600.00  |
| 2   | . The source of the compensation paid  | I to me was:              |                                  |                                     |           |
|     | <b>✓</b> Debtor  | Other (spe                | cify)                            |                                     |           |
| 3   | . The source of the compensation paid  | I to me is:               |                                  |                                     |           |
|     | <b>✓</b> Debtor  | Other (spe                | cify)                            |                                     |           |
| 4   | I have not agreed to share the ab members and associates of my la  |                           | sation with any other person un  | ess they are                        |           |
|     | I have agreed to share the above-<br>members or associates of my law<br>the people sharing in the compe                                  | firm. A copy of the agr   |                                  |                                     |           |
| 5   | . In return for the above-disclosed fee,<br>a. Analysis of the debtor's finan<br>bankruptcy;   | _                         | -                                | • •                                 | n in      |
|     | b. Preparation and filing of any p   | petition, schedules, stat | ements of affairs and plan whic  | n may be required;                  |           |
|     | c. Representation of the debtor  | at the meeting of credit  | ors and confirmation hearing, a  | nd any adjourned hearings there     | of;       |
|     | d. Representation of the debtor  | in adversary proceeding   | gs and other contested bankrup   | cy matters;                         |           |
| 6   | . By agreement with the debtor(s), the   | above-disclosed fee do    | es not include the following ser | vices:                              |           |
|     |  |                           |                                  |                                     |           |
|     |  | CERT                      | IFICATION                        |                                     |           |
|     | certify that the foregoing is a complet tor(s) in this bankruptcy proceedings.   | e statement of any agre   | ement or arrangement for paym    | ent to me for representation of t   | he        |
|     | 11/3/2017  |                           | /s/ Pellumb Hoxha                |                                     |           |
|     | Date   |                           | Signature of Attorne             | 1                                   |           |
|     |  |                           | Semrad Law Firm                  |                                     |           |
|     |  |                           | Name of law firm                 |                                     |           |

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### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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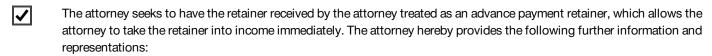
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.



- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services.

  However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$371.76
- 3. Before signing this agreement, the attorney has received, \$400.00 toward the flat fee, leaving a balance due of \$3,600.00; and \$61.76 for expenses, leaving a balance due of \$3,971.76
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: 11/3/2017   |                        |
|-------------------|------------------------|
| Signed:           |                        |
| /s/ Melissa Evans |                        |
|                   | /s/ Pellumb Hoxha      |
| Debtor(s)         | Attorney for Debtor(s) |

Do not sign if the fee amounts at top of this page are blank.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1 717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   |          | filing fee<br>administrative fee |
|---|----------|----------------------------------|
| + | <u> </u> |                                  |
|   | \$275    | total fee                        |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to:
<a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a>
<a href="mailto:20AndDebtCounselors.aspx">20AndDebtCounselors.aspx</a>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re:          | Evans, Melissa | Case No.                                      |                                      |
|-----------------|----------------|---|--------------------------------------|
|                 | Debtor(s)      |   |                                      |
|                 |                | Chapter.                                      | Chapter13                            |
|                 | VERIF          | ICATION OF CREDITOR MAT                       | TRIX                                 |
| Ti<br>knowledge |                | ify that the attached list of creditors is tr | rue and correct to the best of their |
| Date:           | 11/3/2017      | /s/ Evans, Meliss                             | sa                                   |
|                 |                | Evans, Melissa<br>Signature of Deb            | btor                                 |

Lucha's Auto Sales 3535 E 105th St Chicago, IL, 60617

US DEPT OF ED/GLELSI 2401 Internal Lane Attn: Chhengre Lim Madison, WI, 53704

VERIZON WIRELESS P.O. Box 660108 Dallas, TX, 75266

ARS ACCOUNT RESOLUTION PO BOX 459079 Fort Lauderdale, FL, 33345

FIRST PREMIER BANK c/o Jefferson Capital Systems LLC PO Box 7999 c/o Linda Dold Saint Cloud, MN, 56302

City of Chicago - Dep't of Revenue PO Box 88292 Chicago, IL, 60608

HARRIS & HARRIS LTD 222 Merchandise Mart Plaza, Suite 1900 Chicago, IL, 60654

Sprint Nextel PO Box 7949 Attn Bankruptcy Dept Overland Park, KS, 66207

Bank of America 1701 River Oaks Dr # D Calumet City, IL, 60409

Central Finance & Loan 54 Walton Street Atlanta, GA, 30303

Commonwealth Edison 3 Lincoln Ctr Attn: Bankruptcy Department Oakbrook Ter, IL, 60181 Direct TV PO Box 5007 Carol Stream, IL, 60197

T mobile Bankruptcy Team 600 Beacon Pkwy W ste 300 c/o Amsher Collections Services Birmingham, AL, 35209

AFNI INC PO Box 3097 Bloomington, IL, 61702

Enterprise Recovery Systems 2400 South Wolf Road Suite 200 Westchester, IL, 60154

Enterprise Rent a Car 600 Corporate Park Drive Saint Louis, MO, 63105

JEFFERSON CAPITAL SYSTEM PO Box 7999 Saint Cloud, MN, 56302

National Credit Systems, Inc. PO Box 312125 Atlanta, GA, 31131

PHOENIX FINANCIAL SERVICE 8902 OTIS AVE STE 103A INDIANAPOLIS, IN, 46216

PMAB SRVC 5970 FAIRVIEW RD STE 800 CHARLOTTE, NC, 28210

Peoples Gas PO BOX 2968 Milwaukee, WI, 53201

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| Deb              | for 1 Melissa<br>First Name                                      | Middle Name  | Evans   | Case number (ff.known)   |  |
|------------------|--|--|---|--|--|
| 16.              | Calculate the median fa  | mily income that applies to  | Last Name   |  |  |
|                  | 16a. Fill in the state in wh                                     |  |   | ps:  |  |
| 684<br>685<br>77 |  | people in your household.  | Illinois  | _  |  |
|                  |  | nily income for your state and   |   |  | \$63,896.00  |
|                  |  | ed in the separate instructions  | To fir  | nd a list of applicable median income amounts, go online<br>may also be available at the bankruptcy clerk's office.  | **************************************   |
| 17.              | How do the lines compa   | re?  | ioi ans ioins. This list i                                | may also be available at the bankruptcy clerk's office.  |  |
|                  | 17a. Line 15b is less tunder 11 U.S.C.                           | than or equal to line 16c. On t<br>§ 1325(b)(3). Go to Part 3. [         | he top of page 1 of the<br>Do NOT fill out <i>Calcula</i> | is form, check box 1, Disposable income is not determined tion of Disposable Income (Official Form 122C-2).  |  |
|                  | 17b. Line 15b is more<br>U.S.C. § 1325(b)                        | than line 16c. On the top of   | page 1 of this form, ch                                   | neck box 2, <i>Disposable income is determined under 11</i><br>usable Income (Official Form 122C-2). On line 39 of that  |  |
| Part             | S Calculate Your Co  | mmitment Period Under  | 11 U.S.C. §1325(I   | b)(4)  |  |
| 18.              | Copy your total average  | monthly income from line 1   | i.  |  | \$1,279.16   |
| 19.              | Deduct the marital adjust commitment period under                | <b>itment if it applies.</b> If you are<br>11 U.S.C. § 1325(b)(4) allows | married vour enques                                       | is not filing with you, and you contend that calculating the your spouse's income, copy the amount from line 13.   | Ψ1,213.10  |
|                  | 19a. If the marital adjustme                                     | ent does not apply, fill in 0 on   | line 19a.   |  | -\$0.00  |
|                  | 19b. Subtract line 19a fro                                       | om line 18.  |   |  | \$1,279.16   |
| 20.              | Calculate your current m   | onthly income for the year.  | Follow these steps:                                       |  | V1,273.10  |
|                  | 20a. Copy line 19b.  |  | ***************************************                   |  | \$1,279.16   |
|                  | Multiply by 12 (the nu   | mber of months in a year).   |   | The second secon | x 12   |
|                  | 20b. The result is your curre                                    | ent monthly income for the ye  | ar for this part of the fo                                | orm.   | \$15,349.92  |
|                  | 20c. Copy the median fami  | ly income for your state and s   | ize of household from                                     | line 16c.  | \$63,896.00  |
| 21.              | How do the lines compare   | 9?   |   | The second secon |  |
|                  | Line 20b is less than lir commitment period is 3                 | ne 20c. Unless otherwise orde<br>3 years. Go to Part 4.                  | red by the court, on th                                   | e top of page 1 of this form, check box 3, The   | The second secon |
|                  | Line 20b is more than of 4, The commitment per                   | or equal to line 20c. Unless ot<br>riod is 5 years. Go to Part 4.        | herwise ordered by the                                    | court, on the top of page 1 of this form, check box  | THE PROPERTY OF THE PROPERTY O |
| Part 4           |  |  |   |  | encymen ar gellow y lle.   |
|                  | By signing here, I declar  | re under penalty of perjury tha  | t the information on th                                   | is statement and in any attachments is true and correct.   |  |
|                  | /s/ Melissa Evan   | s Colora   | /_ x  | Signature of Debtor 2  | or managery from the managery  |
|                  | Date 11/3/2017   |  | /   | •  | inhah(un <sub>ha</sub> ji  |
|                  | MM/DD/YYY  |  |   | Date MM/DD/YYYY  | to a companyora extra-   |
|                  | If you checked 17a, do I<br>If you checked 17b, fill o<br>above. | NOT fill out or file Form 122C<br>out Form 122C-2 and file it wi         | -2.<br>th this form. On line 3                            | 9 of that form, copy your current monthly income from line 1   | 4  |

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# UNITED STATES BANKRUPTCY COURT Northern District of Illinois

| m re:           | Evai                   | ns, Melissa<br>Debtor(s)   | ——— Case                 | No                                    |                                 |
|-----------------|------------------------|--|--------------------------|---------------------------------------|---------------------------------|
|                 |                        |  | Chap                     | oter.                                 | Chapter13                       |
|                 |                        | VERIFICA   | TION OF CRED             | ITOR MATRIX                           | :<br><b>(</b>                   |
| TI<br>knowledge | he above named I<br>e. | Debtors hereby verify th   | nat the attached list of | f creditors is true a                 | nd correct to the best of their |
|                 |                        |  |                          |                                       |                                 |
| Date:           | 11/3/2017              | THE BOOK OF THE PROPERTY OF TH |                          | /s/ Evans, Melissa                    | Mary                            |
|                 |                        |  |                          | Evans, Melissa<br>Signature of Debtor | <del></del>                     |

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| Debtor 1 Melissa First Name  | Middle Name                             | Evans<br>Last Name           | Case number (if known)   |
|--|---|------------------------------|--|
| 28. Within 2 years before you  | u filed for bankruptcy, did )           | ou give a financial staten   | nent to anyone about your business? Include all financial institutio |
|  | <b>)s.</b>                              |                              |  |
| ☑ No   |   |                              |  |
| Yes. Fill in the details   | s below.                                |                              |  |
|  |   | Date Issued                  |  |
| Name   |   | MM/DD/YYYY                   |  |
| Number Street  |   |                              |  |
| realiber Street  |   |                              |  |
| City   | State Zip Code                          | <del>-</del>                 |  |
| il 12: Sign Below  |   |                              |  |
| I have yet at  |   |                              | nents, and I declare under penalty of perjury that the answers are   |
| a bankruptcy case can resu   | ult in fines up to \$250,000, ssa Evans | or imprisonment for up to    | 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.           |
| g  | . 000101 (                              | V                            |  |
|  |   |                              | Signature of Debtor 2  |
| Date 11/3/   | <b>/</b> 2017                           |                              | Signature of Debtor 2  Date  |
|  |   | Financial Affairs for Indivi | Date   |
|  |   | Financial Affairs for Indivi |  |
| Did you attach additional pa   |   | Financial Affairs for Indivi | Date   |
| Did you attach additional pa   | ages to Your Statement of               |                              | Date duals Filing for Bankruptcy (Official Form 107)?                |
| Did you attach additional pa<br>No<br>Yes<br>Did you pay or agree to pay | ages to Your Statement of               |                              | Date duals Filing for Bankruptcy (Official Form 107)?                |
| Did you attach additional pa   | ages to Your Statement of               |                              | Date duals Filing for Bankruptcy (Official Form 107)?                |

NA

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| Debtor 1  | Melissa  |  | Evans  |  |
|---|--|--|--|--|
| Debtor 2  | First Name   | Middle Name  | Last Name  |  |
| (Spouse, if filing)   | First Name   | Middle Name  | Last Name  |  |
| United States E   | Bankruptcy Court for the:  | Northern [   | District of Illinois   |  |
| Case number<br>(If known)   |  |  | (State)  |  |
|   | Form 106Dec  | 2  |  | Check if this is amended filing  |
| N I   |  |  |  |  |
| f two married p<br>ou must file the<br>noney or prope   | people are filing together<br>his form whenever you file<br>erty by fraud in connection  | e bankruptov schedules or  | r's Schedules ble for supplying correct information. amended schedules. Making a false state can result in fines up to \$250,000, or impr  | 12/1 ment, concealing property, or obtaining sonment for up to 20 years, or both. 18 |
| f two married p<br>ou must file the<br>noney or prope   | people are filing together<br>his form whenever you file<br>erty by fraud in connection<br>1341, 1519, and 3571.                                     | r, both are equally responsi   | ble for supplying correct information.   |  |
| f two married progression of two must file the noney or proper J.S.C. §§ 152, 1                           | people are filing together<br>his form whenever you fil<br>erty by fraud in connection<br>1341, 1519, and 3571.<br>Below                             | r, both are equally responsi<br>e bankruptcy schedules or<br>on with a bankruptcy case o | ble for supplying correct information.<br>amended schedules. Making a false state<br>can result in fines up to \$250,000, or impr  |  |
| f two married progression of two must file the noney or proper J.S.C. §§ 152, 1                           | people are filing together<br>his form whenever you fil<br>erty by fraud in connection<br>1341, 1519, and 3571.<br>Below                             | r, both are equally responsi<br>e bankruptcy schedules or<br>on with a bankruptcy case o | ble for supplying correct information.   |  |
| f two married properties of two must file the noney or properties. C. §§ 152, 1  Part 1: Sign  Did you pa | people are filing together<br>his form whenever you fil<br>erty by fraud in connection<br>1341, 1519, and 3571.<br>Below                             | r, both are equally responsi<br>e bankruptcy schedules or<br>on with a bankruptcy case o | ble for supplying correct information.<br>amended schedules. Making a false state<br>can result in fines up to \$250,000, or impr  | ment, concealing property, or obtaining<br>sonment for up to 20 years, or both. 18   |
| f two married properties of two must file the noney or properties. C. §§ 152, 1  Part 1: Sign  Did you pa | people are filing together<br>his form whenever you fil<br>erty by fraud in connection<br>1341, 1519, and 3571.<br>Below<br>ny or agree to pay someo | r, both are equally responsi<br>e bankruptcy schedules or<br>on with a bankruptcy case o | ble for supplying correct information.  amended schedules. Making a false state can result in fines up to \$250,000, or improved to help you fill out bankruptcy forms?  Attach Bankruptcy Petition Preparer's No. | ment, concealing property, or obtaining<br>sonment for up to 20 years, or both. 18   |

Signature of Debtor 2

MM/DD/YYYY

Date

/s/ Melissa Evans
Signature of Debtor 1

Date 11/3/2017

MM/DD/YYYY

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| Debtor 1 Melissa First Name   |  | ans Case numb  | er (ifknown)   |   |
|---|--|--|--|---|
| BUSICE WAR  | Middle Name Las<br>Jestions for Reporting Purposes   | it Name  |  |   |
| 16. What kind of debts do you have?   | 16a. Are your debts primarily c "incurred by an individual p No. Go to line 16b.  ✓ Yes. Go to line 17.  16b. Are your debts primarily be  | rimarily for a personal, family, or usiness debts? Business debts estment or through the operation   | household purpo<br>are debts that you<br>on of the business  | ose."<br>u incurred to obtain<br>or investment.   |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that fund  | er 7. Go to line 18.  Do you estimate that after any exercite the distribute to use the distribute the distribute the distribute the distributed the d | mpt property is exc<br>insecured creditors   | cluded and administrative   |
| 18. How many creditors<br>do you estimate that<br>you owe?  | 7 1-49<br>50-99<br>100-199<br>200-999  | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   | <b>[</b> ] 50,0  | 001-50,000<br>001-100,000<br>e than 100,000   |
| 19. How much do you<br>estimate your assets<br>to be worth?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$1,000,001-\$10 million<br>\$10,000,001-\$50 million<br>\$50,000,001-\$100 million<br>\$100,000,001-\$500 million   | n [ \$1,0<br>on [ ] \$10,  | 0,000,001-\$1 billion<br>00,000,001-\$10 billion<br>000,000,001-\$50 billion<br>e than \$50 billion |
| 20. How much do you estimate your liabilities to be?  Part 7: Sign Below  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$1,000,001-\$10 million<br>\$10,000,001-\$50 million<br>\$50,000,001-\$100 million<br>\$100,000,001-\$500 mill  | n \$1,0<br>on \$10,  | 0,000,001-\$1 billion<br>00,000,001-\$10 billion<br>000,000,001-\$50 billion<br>e than \$50 billion |
|   | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 10 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  **  //s/ Melissa Evans Signature of Debtor 1  Executed on |  | der Chapter 7, 11,12, or 13 and I choose to proceed in attorney to help me fill (b). ied in this petition. property by fraud in ent for up to 20 years, or |   |

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

# RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19,2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

### A. BEFORE THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

### B. AFTER THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

# C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

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### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor.* If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.



#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$371.76
- 3. Before signing this agreement, the attorney has received, \$400.00 toward the flat fee, leaving a balance due of \$3,600.00; and \$61.76 for expenses, leaving a balance due of \$3,971.76
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: 11/3/2017   |  |
|-------------------|--|
| Signed:           |  |
| /s/ Melissa Evans |  |
| Dobtor(a)         | /s/ Pellumb Hoxha  |
| Debtor(s)         | Attorney for Debtor(s)   |
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